

Reg — Jan Delaval.

Access DB# 135349

SEARCH REQUEST FORM

Scientific and Technical Information Center

Requester's Full Name: Sabina Wey Examiner #: 74141 Date: 11/18/04
Art Unit: 1616 Phone Number 30 _____ Serial Number: 09/928,898
Mail Box and Bldg/Room Location: _____ Results Format Preferred (circle): PAPER DISK E-MAIL

4676 Rem 4A45
If more than one search is submitted, please prioritize searches in order of need.

Please provide a detailed statement of the search topic, and describe as specifically as possible the subject matter to be searched. Include the elected species or structures, keywords, synonyms, acronyms, and registry numbers, and combine with the concept or utility of the invention. Define any terms that may have a special meaning. Give examples or relevant citations, authors, etc, if known. Please attach a copy of the cover sheet, pertinent claims, and abstract.

Title of Invention: Method of treatment of cancer by controlling graft-versus-leukemia using apical
Inventors (please provide full names): active corticosteroids
McDonald et al.

Earliest Priority Filing Date: 8/13/01

For Sequence Searches Only Please include all pertinent information (parent, child, divisional, or issued patent numbers) along with the appropriate serial number.

Elected species is beclamethabone 17,21-dipropionate. (cl 16)
Please search for this compd and its use for treating cancer as in cl 1 - 17 + 18.

Please see attached sheet

Thank you

STAFF USE ONLY

Searcher: an
Searcher Phone #: 22504
Searcher Location: _____
Date Searcher Picked Up: 12/7
Date Completed: 12/7
Searcher Prep & Review Time: _____
Clerical Prep Time: 20
Online Time: 1:00

Type of Search

NA Sequence (#) _____
AA Sequence (#) _____
Structure (#) _____
Bibliographic ☒
Litigation _____
Fulltext _____
Patent Family _____
Other _____

Vendors and cost where applicable

STN ☒
Dialog _____
Questel/Orbit _____
Dr.Link _____
Lexis/Nexis _____
Sequence Systems _____
WWW/Internet _____
Other (specify) _____

=> fil reg

FILE 'REGISTRY' ENTERED AT 09:06:58 ON 07 DEC 2004

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

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Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 5 DEC 2004 HIGHEST RN 792236-36-3

DICTIONARY FILE UPDATES: 5 DEC 2004 HIGHEST RN 792236-36-3

TSCA INFORMATION NOW CURRENT THROUGH MAY 21, 2004

Please note that search-term pricing does apply when conducting SmartSELECT searches.

Crossover limits have been increased. See HELP CROSSOVER for details.

Experimental and calculated property data are now available. For more information enter HELP PROP at an arrow prompt in the file or refer to the file summary sheet on the web at:

<http://www.cas.org/ONLINE/DBSS/registryss.html>

=> d ide can l7

L7 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2004 ACS on STN

RN 5534-09-8 REGISTRY

CN Pregna-1,4-diene-3,20-dione, 9-chloro-11-hydroxy-16-methyl-17,21-bis(1-oxopropoxy)-, (11 β ,16 β)- (9CI) (CA INDEX NAME)

OTHER CA INDEX NAMES:

CN Pregna-1,4-diene-3,20-dione, 9-chloro-11 β ,17,21-trihydroxy-16 β -methyl-, 17,21-dipropionate (7CI, 8CI)

OTHER NAMES:

CN 9 α -Chloro-16 β -methylprednisolone 17,21-dipropionate

CN Aerobec

CN Aldecin

CN Aldecin AQ nasal

CN Anceron

CN Andion

CN Beclacin

CN Beclate

CN Beclazone

CN Beclazone 250

CN Beclazone 50

CN Beclomet

CN Beclometasone 17,21-dipropionate

CN Beclometasone dipropionate

CN Beclomethasone 17,21-dipropionate

CN Beclomethasone 17 α ,21-dipropionate

CN Beclomethasone dipropionate

CN Beclotide

CN Beclotide 100

CN Becloval

CN Beclovent

CN Beclovent Inhaler

CN Becodisks

CN Beconase

CN Beconase AQ

CN Becotide

CN Belchlorhinol

CN Belcoforte

CN Belcomet

CN Clenil A
CN Entyderma
CN Inalone O
CN Inalone R
CN Korbutone
CN Propaderm
CN Propaderm Forte
CN QVAR
CN Qvar 50
CN Rino-Clenil
CN Sanasthmax
CN Sanasthmyl
CN Sanasthmyl
CN Sch 8020W
CN Vancenase
CN Vancenase AQ
CN Vanceril
CN Vanceril DS
CN Ventolair
CN Viarex

ADDITIONAL NAMES NOT AVAILABLE IN THIS FORMAT - Use FCN, FIDE, or ALL for
DISPLAY

FS STEREOSEARCH
DR 34135-07-4
MF C28 H37 Cl O7
CI COM

LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*,
BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CAOLD, CAPLUS, CASREACT, CBNB, CEN,
CHEMCATS, CHEMLIST, CIN, CSCHM, DDFU, DIOGENES, DRUGU, EMBASE, IFICDB,
IFIPAT, IFIUDB, IMSCOSEARCH, IMSDRUGNEWS, IMSPATENTS, IMSRESEARCH, IPA,
MEDLINE, MRCK*, PHAR, PROMT, PS, RTECS*, TOXCENTER, USAN, USPAT2,
USPATFULL, VETU

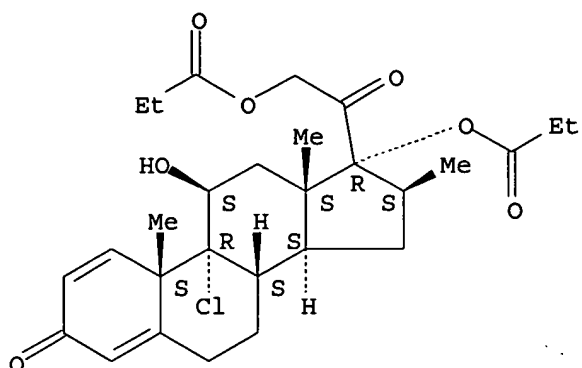
(*File contains numerically searchable property data)

Other Sources: EINECS**

(**Enter CHEMLIST File for up-to-date regulatory information)

DT.CA Caplus document type: Book; Conference; Dissertation; Journal; Patent
RL.P Roles from patents: BIOL (Biological study); MSC (Miscellaneous); PREP
(Preparation); PROC (Process); PRP (Properties); RACT (Reactant or
reagent); USES (Uses); NORL (No role in record)
RLD.P Roles for non-specific derivatives from patents: BIOL (Biological
study); PREP (Preparation); USES (Uses)
RL.NP Roles from non-patents: ANST (Analytical study); BIOL (Biological
study); OCCU (Occurrence); PREP (Preparation); PROC (Process); PRP
(Properties); RACT (Reactant or reagent); USES (Uses)
RLD.NP Roles for non-specific derivatives from non-patents: BIOL (Biological
study); PREP (Preparation); PRP (Properties); USES (Uses)

Absolute stereochemistry.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

971 REFERENCES IN FILE CA (1907 TO DATE)
 12 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
 974 REFERENCES IN FILE CAPLUS (1907 TO DATE)
 1 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

REFERENCE 1: 141:400902
 REFERENCE 2: 141:394254
 REFERENCE 3: 141:388842
 REFERENCE 4: 141:388761
 REFERENCE 5: 141:355381
 REFERENCE 6: 141:355118
 REFERENCE 7: 141:337800
 REFERENCE 8: 141:337769
 REFERENCE 9: 141:337336
 REFERENCE 10: 141:319869

=> d his

(FILE 'HOME' ENTERED AT 07:58:06 ON 07 DEC 2004)
 SET COST OFF

FILE 'HCAPLUS' ENTERED AT 07:58:15 ON 07 DEC 2004

L1 1 S US20030032631/PN OR US2001-928890#/AP,PRN
 E MCDONALD G/AU
 L2 40 S E3,E5
 L3 45 S E37,E39
 E MC DONALD G/AU
 E STERGIPOULOS N/AU
 L4 5 S E4,E5
 E ENTERON/PA,CS
 L5 3 S E3-E16
 SEL RN L1

FILE 'REGISTRY' ENTERED AT 08:00:15 ON 07 DEC 2004

L6 20 S E1-E20
 L7 1 S 5534-09-8
 L8 14 S 66734-13-2 OR 51333-22-3 OR 5534-18-9 OR 25122-46-7 OR 33564-
 L9 37 S 5534-09-8/CRN
 L10 60 S (66734-13-2 OR 51333-22-3 OR 5534-18-9 OR 25122-46-7 OR 33564
 L11 2 S 50-24-8 OR 53-03-2
 L12 3 S 59-05-2 OR 59865-13-3 OR 104987-11-3

FILE 'HCAPLUS' ENTERED AT 08:11:18 ON 07 DEC 2004

L13 973 S L7
 L14 46 S (BECLOMETHASONE OR BECLOMETASONE) () (17 21 OR 17ALPHA 21 OR 17
 L15 971 S (BECLOMETHASONE OR BECLOMETASONE) () DIPROPIONATE
 L16 41 S AEROBEC OR ALDECIN OR ANCERON OR ANDION OR BECLACIN OR BECLA
 L17 42 S KORBUTONE OR PROPADERM OR QVAR OR RINO CLENIL OR SANASTHMAX O
 L18 1110 S L13-L17
 L19 39 S L9
 L20 1115 S L18,L19
 L21 4663 S L8
 L22 2816 S ALCLOMETASONE DIPROPIONATE OR BUDESONIDE OR BECLOMETHASONE 17
 L23 96 S L10
 L24 4950 S L21-L23
 E CORTICOSTEROID/CT
 L25 28387 S E23,E24,E25,E26,E28,E29,E30,E32,E33
 E E16+ALL
 L26 34781 S E5
 L27 34781 S L25,L26
 E TRANSPLANT/CT
 L28 494 S E3

FILE 'HCAPLUS' ENTERED AT 08:38:17 ON 07 DEC 2004

L29 35903 S E5-E25
 L30 22445 S E26-E50
 L31 16867 S E51-E75
 E E5+ALL
 L32 7721 S E7-E16
 L33 35971 S E6+NT
 E E43+ALL
 L34 6949 S E2
 E GRAFT/CT
 E GRAFT-V/CT
 L35 18 S E4-E10
 E E5+ALL
 L36 3706 S E1,E2
 L37 461 S GVL# OR GRAFT?(1W) (LEUKEM? OR LAEUKEM? OR LEUCEM? OR LAEUCEM?
 L38 461 S GVL# OR GRAFT?(1W) (LEUKEM? OR LEUCEM?)
 L39 5748 S GVH# OR GRAFT?(1W)HOST() (DISEASE OR DIORDER OR REACTION OR SY
 L40 19 S L20 AND L28-L39
 L41 55 S L24 AND L28-L39
 L42 479 S L27 AND L28-L39
 L43 57 S L40,L41
 E LEUKEMIA/CT
 L44 41325 S E3-E72
 E E3+ALL
 L45 40018 S E14,E13+NT
 L46 2279 S E19+OLD,NT OR E20+OLD,NT
 L47 66143 S E13/OBI
 L48 261 S E14/OBI
 E MULTIPLE MYELOMA/CT
 E E3+ALL
 L49 7554 S E8-E11,E7
 L50 4607 S E7/OBI
 L51 9833 S E8/OBI OR E10/OBI OR E11/OBI
 E LYMPHOMA/CT

L52 15619 S E3-E28
E E3+ALL
L53 18336 S E9,E8+NT
L54 21496 S E8/OBI OR E9/OBI
L55 16 S L43 AND L44-L54
L56 46 S L42 AND L44-L54
L57 57 S L43,L55
L58 479 S L42,L56
L59 113 S L57,L58 AND L11
L60 120 S L57,L58 AND (PREDNISONE OR PREDNISOLONE)
L61 280 S L57,L58 AND L12
L62 303 S L57,L58 AND (CYCLOSPORIN# OR METHOTREXATE OR METOTREXATE OR T
L63 8 S L57,L58 AND (ANTILYMPHOCYT? OR ANTI LYMPHOCYT?) () GLOBULIN
L64 2 S L57,L58 AND (MAB OR MOAB OR MONOCLON? (L) ANTIBOD?) (L) ANTI T CE
L65 9 S L57,L58 AND (MAB OR MOAB OR MONOCLON? (L) ANTIBOD?) (L) IMMUNOTOX
L66 2 S L57,L58 AND ANTI T CELL (L) IMMUNOTOXIN?
L67 7 S L57,L58 AND T CELL (L) IMMUNOTOXIN?
L68 16 S L59-L67 AND L20
L69 19 S L40,L68
L70 13 S L20 AND L44-L54
L71 22 S L69,L70
L72 5 S L71 AND L1-L5
L73 22 S L71,L72
L74 15 S L73 AND (PD<=20010813 OR PRD<=20010813 OR AD<=20010813)
L75 15 S L72,L74
L76 7 S L73 NOT L75
L77 10 S L75 NOT L72
L78 6 S L77 AND ?TRANSPLANT? (L) REJECT?
SEL DN AN 6
L79 1 S L78 AND E1-E3
E HEMATOPO/CT
L80 32600 S E4-E95
L81 16 S E97-E98
E E49+ALL
L82 27506 S E11,E10+NT
E E9+ALL
L83 32408 S E3,E2+NT
L84 3 S L20 AND L80-L83
L85 1 S L84 NOT L72,L79
L86 2 S L84 NOT L85
L87 6 S L72,L79,L86 AND L1-L5,L13-L86

FILE 'REGISTRY' ENTERED AT 09:06:58 ON 07 DEC 2004

=> fil hcaplus

FILE 'HCAPLUS' ENTERED AT 09:07:10 ON 07 DEC 2004

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FILE COVERS 1907 - 7 Dec 2004 VOL 141 ISS 24

FILE LAST UPDATED: 5 Dec 2004 (20041205/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> d 187 all tot

L87 ANSWER 1 OF 6 HCAPLUS COPYRIGHT 2004 ACS on STN

AN 2003:118593 HCAPLUS

DN 138:148132

ED Entered STN: 14 Feb 2003

TI Method of treatment of cancer by controlling **graft-versus-leukemia** using topical active corticosteroids

IN McDonald, George B.; Stergiopoulos, Nicholas

PA USA

SO U.S. Pat. Appl. Publ., 5 pp.

CODEN: USXXCO

DT Patent

LA English

IC ICM A61K031-56

NCL 514178000; 514179000; 514180000

CC 2-4 (Mammalian Hormones)

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 2003032631	A1	20030213	US 2001-928890	20010813 <--
PRAI	US 2001-928890		20010813	<--	

CLASS

PATENT NO.	CLASS	PATENT FAMILY CLASSIFICATION CODES
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US 2003032631	ICM	A61K031-56
	NCL	514178000; 514179000; 514180000

AB A method for the improved treatment of blood-borne cancers, such as lymphomas, leukemia, and myeloma is disclosed. The method comprises the oral administration of an effective amount of a topically active corticosteroid (TAC) to a patient who has undergone hematopoietic cell transplantation. Administration of the TAC controls a **graft -vs.-leukemia (GVL)** reaction that is induced following a hematopoietic cell transplantation, so that a **GVHD** reaction does not develop, or is reduced in severity. The **GVL** reaction effects killing of cancerous tumor cells in the blood, mediated by the cells derived from the hematopoietic cell transplantation.

ST **leukemia** treatment cancer corticosteroid host versus graft allotransplant

IT Antibodies and Immunoglobulins

RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(**antilymphocyte globulins**, in combination with corticosteroids; methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using topical active corticosteroids)

IT Neoplasm

(blood-born; methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using topical active corticosteroids)

IT **Transplant and Transplantation**

(**graft-vs.-host** reaction, prevention and reduction of symptoms; methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using topical active corticosteroids)

IT **Transplant and Transplantation**

(hematopoietic cells; methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using

- topical active corticosteroids)
- IT **T cell (lymphocyte)**
(immunotoxins and antibodies against; methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using topical active corticosteroids)
- IT **Drug delivery systems**
(immunotoxins, anti-T-cells, in combination with corticosteroids; methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using topical active corticosteroids)
- IT **Antitumor agents**
Human
Leukemia
Lymphoma
Multiple myeloma
(methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using topical active corticosteroids)
- IT **Corticosteroids, biological studies**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using topical active corticosteroids)
- IT **Antibodies and Immunoglobulins**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(monoclonal, anti-T-cells, in combination with corticosteroids; methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using topical active corticosteroids)
- IT **50-24-8, Prednisolone 53-03-2, Prednisone 59-05-2, Methotrexate 59865-13-3, Cyclosporine 104987-11-3, Tacrolimus**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(in combination with corticosteroids; methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using topical active corticosteroids)
- IT **76-25-5 1524-88-5, Flurandrenolide 3093-35-4, Halcinonide 3385-03-3, Flunisolide 5534-09-8, Beclomethasone 17,21-dipropionate 5534-18-9, Beclomethasone-17-monopropionate 25122-46-7, Clobetasol propionate 33564-31-7, Diflorasone diacetate 51333-22-3, Budesonide 51372-28-2 51372-29-3 66734-13-2, Alclometasone dipropionate 66852-54-8, Halobetasol propionate 80474-14-2, Fluticasone propionate 83919-23-7, Mometasone furoate**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(methods and combinations for the treatment of cancer by controlling **graft-vs.-leukemia** using topical active corticosteroids)

TI Method of long-term treatment of **graft-versus-host disease** using topical active corticosteroids

IN McDonald, George B.; Stergiopoulos, Nicholas

PA USA

SO U.S. Pat. Appl. Publ., 4 pp.

CODEN: USXXCO

DT Patent

LA English

IC ICM A61K031-573

NCL 514179000

CC 2-4 (Mammalian Hormones)

Section cross-reference(s): 15

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 2002086857	A1	20020704	US 2001-753814	20010103 <--
	US 2004006053	A1	20040108	US 2003-613788	20030703 <--
PRAI	US 2000-233194P	P	20000915	<--	
	US 2001-753814	B1	20010103	<--	

CLASS

PATENT NO.	CLASS	PATENT FAMILY CLASSIFICATION CODES
US 2002086857	ICM	A61K031-573
	NCL	514179000
US 2004006053	ECLA	A61K031/573 <--

AB A method for long-term therapy using corticosteroids to treat tissue damage associated with **graft-vs.-host disease** in a patient having undergone hematopoietic cell transplantation, and host-vs.-graft disease in a patient having undergone organ allograft transplantation. The method includes orally administering to the patient a therapeutically effective amount of a topically active corticosteroid, such as **beclomethasone dipropionate**, from the 29th day until the 56th day following hematopoietic cell or organ allograft transplantation. Representative tissues includes tissue of the intestine and liver, while representative tissue damage includes inflammation thereof.

ST **graft vs host disease** treatment
corticosteroid

IT **Transplant and Transplantation**
(**allotransplant**; method of long-term treatment of tissue damage caused by **graft-vs.-host disease** using topical active corticosteroids)

IT **Transplant and Transplantation**
(**graft-vs.-host reaction**;
method of long-term treatment of tissue damage caused by **graft-vs.-host disease** using topical active corticosteroids)

IT **Transplant and Transplantation**
(hematopoietic cell transplantation; method of long-term treatment of tissue damage caused by **graft-vs.-host disease** using topical active corticosteroids)

IT Human
Inflammation
Intestine, disease
Liver, disease
(method of long-term treatment of tissue damage caused by **graft-vs.-host disease** using topical active corticosteroids)

IT **Corticosteroids, biological studies**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(method of long-term treatment of tissue damage caused by **graft-vs.-host disease** using topical active

corticosteroids)
 IT **Hematopoietic precursor cell**
 (transplant; method of long-term treatment of tissue damage caused by
graft-vs.-host disease using topical active
 corticosteroids)
 IT 50-24-8, Prednisolone 53-03-2,
 Prednisone 76-25-5, Triamcinolone acetate
 1524-88-5, Flurandrenolide 3093-35-4,
 Halcinonide 3385-03-3, Flunisolide
 5534-09-8, Beclomethasone dipropionate
 5534-18-9, Beclomethasone-17-
 monopropionate 25122-46-7, Clobetasol
 propionate 33564-31-7, Diflorasone
 diacetate 51333-22-3, Budesonide
 51372-28-2 51372-29-3 66734-13-2,
 Alclometasone dipropionate 66852-54-8,
 Halobetasol propionate 80474-14-2,
 Fluticasone propionate 83919-23-7,
 Mometasone furoate
 RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
 (Biological study); USES (Uses)
 (method of long-term treatment of tissue damage caused by **graft**
-vs.-host disease using topical active
 corticosteroids)

L87 ANSWER 3 OF 6 HCAPLUS COPYRIGHT 2004 ACS on STN
 AN 2000:531659 HCAPLUS
 DN 133:115533
 ED Entered STN: 03 Aug 2000
 TI Method using oral administration of a topically active corticosteroid for
 preventing tissue damage associated with graft-versus-host or
 host-versus-graft disease following transplantation
 IN McDonald, George B.
 PA Institute for Drug Research, Inc., USA
 SO U.S., 5 pp., Cont.-in-part of U.S. Ser. No. 103,762.
 CODEN: USXXAM
 DT Patent
 LA English
 IC ICM A61K031-58
 ICS A61K031-56; A01N045-00
 NCL 514169000
 CC 2-4 (Mammalian Hormones)
 Section cross-reference(s): 63
 FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 6096731	A	20000801	US 1998-151388	19980910 <--
	CA 2413883	AA	20011129	CA 2000-2413883	20000522 <--
	WO 2001089529	A1	20011129	WO 2000-US14064	20000522 <--
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
PRAI	US 1998-103762	A2	19980624	<--	
	US 1998-151388	A	19980910	<--	
	WO 2000-US14064	W	20000522	<--	

CLASS
 PATENT NO. CLASS PATENT FAMILY CLASSIFICATION CODES

US 6096731 ICM A61K031-58
 ICS A61K031-56; A01N045-00
 NCL 514169000

AB A method is provided for preventing tissue damage associated with **graft-vs.-host disease** in a patient having undergone hematopoietic cell transplantation, and host-vs.-graft disease in a patient having undergone organ allograft transplantation. The method includes orally administering to the patient a prophylactically effective amount of a topically active corticosteroid, such as **beclomethasone dipropionate**, for a period of time following hematopoietic cell or organ allograft transplantation, and prior to the presentation of symptoms associated with **graft-vs.-host disease** or host-vs.-graft disease. Representative tissues includes tissue of the intestine and liver, while representative tissue damage includes inflammation thereof.

ST corticosteroid **graft host disease** transplant; **beclomethasone dipropionate graft host disease** transplant

IT Histocompatibility antigens
 RL: BSU (Biological study, unclassified); BIOL (Biological study)
 (HLA, HLA-mismatched hematopoietic stem cell; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)

IT Biliary tract
 (bile duct; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)

IT Drug delivery systems
 (capsules; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)

IT Animal tissue
 (damage; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)

IT Drug delivery systems
 (emulsions, oral; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)

IT **Transplant and Transplantation**
 (**graft-vs.-host reaction**; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)

IT **Transplant and Transplantation**
 (hematopoietic cell; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)

IT **Transplant and Transplantation**
 (**host-vs.-graft reaction**; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)

IT Intestine, disease
 (inflammatory; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)

IT **Transplant and Transplantation**
 Transplant and Transplantation
 (intestine; oral administration of topically active corticosteroid for prevention of tissue damage associated with

- graft-vs.-host or host-vs.-graft disease following transplantation)
- IT **Transplant and Transplantation**
Transplant and Transplantation
(liver; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT Drug delivery systems
(microspheres; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT Intestine
(mucosa; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT Anti-inflammatory agents
(oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT **Corticosteroids, biological studies**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT Drug delivery systems
(oral; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT Blood
(peripheral blood stem cell; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT **Hematopoietic precursor cell**
(stem; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT Drug delivery systems
(tablets; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT **Hematopoietic precursor cell**
Intestine
Intestine
Liver
Liver
(transplant; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT Vein
(umbilical, hematopoietic stem cell; oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)
- IT 76-25-5, Triamcinolone acetonide 1524-88-5,
Flurandrenolide 3093-35-4, Halcinonide
3385-03-3, Flunisolide 5534-09-8,
Beclomethasone dipropionate 5534-18-9,
Beclomethasone-17-monopropionate
25122-46-7, Clobetasol propionate
33564-31-7, Diflorasone diacetate
51333-22-3, Budesonide 51372-28-2
51372-29-3 66734-13-2, Alclometasone
dipropionate 66852-54-8, Halobetasol

propionate 80474-14-2, Fluticasone
propionate 83919-23-7, Mometasone
furoate

RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(oral administration of topically active corticosteroid for prevention of tissue damage associated with graft-vs.-host or host-vs.-graft disease following transplantation)

RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE

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L87 ANSWER 4 OF 6 HCAPLUS COPYRIGHT 2004 ACS on STN

AN 1998:450133 HCAPLUS

DN 129:198161

ED Entered STN: 21 Jul 1998

TI Oral **beclomethasone dipropionate** for treatment of intestinal **graft-versus-host disease**: a randomized, controlled trial

AU **Mcdonald, George B.**; Bouvier, Michelle; Hockenbery, David M.; Stern, Jean M.; Gooley, Ted; Farrand, Allen; Murakami, Carol; Levine, Douglas S.

CS Gastroenterology/Hepatology, Clinical Statistics, and Clinical Nutrition Sections, Division of Clinical Research, Fred Hutchinson Cancer Research Center and University of Washington School of Medicine, Seattle, WA, USA

SO Gastroenterology (1998), 115(1), 28-35

CODEN: GASTAB; ISSN: 0016-5085

PB W. B. Saunders Co.

DT Journal

LA English

CC 2-4 (Mammalian Hormones)

Section cross-reference(s): 1

AB **Beclomethasone dipropionate** (BDP), a topically active steroid, seemed to be an effective treatment for intestinal **graft-vs.-host disease** (GVHD) in a phase I study. The aim of this study was to compare the effectiveness of oral BDP to that of placebo capsules in treatment of intestinal **GVHD**. Sixty patients with anorexia and poor oral intake because of intestinal **GVHD** were randomized to receive **prednisone** (1 mg · kg⁻¹ · day⁻¹) plus either oral BDP (8 mg/day) or placebo capsules. Initial responders who were eating at least 70% of caloric needs at evaluation on day 10 continued to take study capsules for an addnl. 20 days while the **prednisone** dose was rapidly tapered. The primary end point was the frequency of a durable treatment response at day 30 of treatment. The initial treatment response at day 10 was 22 of 31 (71%) in the BDP/**prednisone** group vs. 16 of 29 (55%) for the placebo/**prednisone** group. The durable treatment response at day 30 was 22 of 31 (71%) vs. 12 of 29 (41%), resp. (P = 0.02). The combination of oral BDP capsules and **prednisone** was more effective than **prednisone** alone in treating intestinal **GVHD**. Oral BDP allowed **prednisone** doses to be rapidly tapered without recurrent intestinal symptoms.

ST **beclomethasone dipropionate** intestine graft host disease

IT Transplant and Transplantation

(**graft-vs.-host** reaction; oral

beclomethasone dipropionate treatment of intestinal **graft-vs.-host disease** in humans)

IT Intestine, disease

(oral **beclomethasone dipropionate** treatment of

intestinal graft-vs.-host disease in
humans)

IT 5534-09-8, Beclomethasone dipropionate

RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(oral beclomethasone dipropionate treatment of
intestinal graft-vs.-host disease in
humans)

IT 53-03-2, Prednisone

RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(oral beclomethasone dipropionate treatment of
intestinal graft-vs.-host disease in
humans)

RE.CNT 45 THERE ARE 45 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

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AN 1996:49517 HCAPLUS
DN 124:165529
ED Entered STN: 24 Jan 1996
TI Oral **beclomethasone dipropionate** for treatment of
human intestinal **graft-versus-host disease**
AU Baehr, Paul H.; Levine, Douglas S.; Bouvier, Michelle E.; Hockenbery,
David M.; Gooley, Ted A.; Stern, Jean G.; Martin, Paul J.; McDonald,
George B.
CS Clinical Research Division of the Fred Hutchinson Cancer Research Center,
University of Washington, Seattle, WA, USA
SO Transplantation (1995), 60(11), 1231-8
CODEN: TRPLAU; ISSN: 0041-1337
PB Williams & Wilkins
DT Journal
LA English
CC 2-4 (Mammalian Hormones)
AB Oral **beclomethasone dipropionate** (BDP), a potent,
topically active corticosteroid, was investigated as therapy for the title
disease. Allogeneic marrow-graft recipients with biopsy-proven intestinal
graft-vs.-host disease of mild-to-moderate
severity received BDP (8 mg daily) for ≤ 28 days. Improvement was
seen in appetite, oral food intake, nausea, and diarrhea over the course
of therapy, and an overall beneficial response was observed in 72% of 40
evaluable patients. Surveillance cultures of throat and stools showed no
increase in bacterial or fungal colonization over time. The adrenal axis
became suppressed in 11 of 20 evaluable patients (55%) but suppression was
not a prerequisite for clin. response, as 6 of 9 patients who retained
normal adrenal function improved clin. It is concluded that oral BDP is a
safe and effective treatment for mild-to-moderate intestinal **graft**
-vs.-host disease. Systemic absorption probably
occurs, but adrenal suppression is not a prerequisite for clin. efficacy,
suggesting that the biol. effect is primarily topical.
ST beclomethasone **graft vs host disease**
IT Intestine
(beclomethasone dipropionate treatment of human
intestinal **graft-vs.-host disease**)
IT Adrenal gland
(beclomethasone dipropionate treatment of human
intestinal **graft-vs.-host disease** in
relation to function of)
IT Transplant and Transplantation
(**graft-vs.-host reaction**,
intestinal; beclomethasone dipropionate treatment
of human)
IT 5534-09-8, Beclomethasone dipropionate
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or
effector, except adverse); BSU (Biological study, unclassified); THU
(Therapeutic use); BIOL (Biological study); USES (Uses)
(intestinal **graft-vs.-host disease** of
humans treatment by)

L87 ANSWER 6 OF 6 HCAPLUS COPYRIGHT 2004 ACS on STN
AN 1988:556271 HCAPLUS
DN 109:156271
ED Entered STN: 28 Oct 1988
TI Steroid derivatives as inhibitors of **transplant-**
rejection
IN Nakajima, Tsunetaka; Watanabe, Masahiro; Yokoyama, Kazumasa
PA Green Cross Corp., Japan
SO Jpn. Kokai Tokkyo Koho, 7 pp.
CODEN: JKXXAF
DT Patent
LA Japanese

IC ICM A61K031-56
ICA C07J005-00; C07J007-00; C07J009-00
CC 63-6 (Pharmaceuticals)
Section cross-reference(s): 2

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	JP 62294617	A2	19871222	JP 1986-138120	19860616 <--
	JP 07094395	B4	19951011		
PRAI	JP 1986-138120		19860616	<--	

CLASS

PATENT NO.	CLASS	PATENT FAMILY CLASSIFICATION CODES
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JP 62294617	ICM	A61K031-56
	ICA	C07J005-00; C07J007-00; C07J009-00

AB An inhibitor of **transplant rejection** contains a fat emulsion of steroid having immunosuppressive activity. An emulsion was prepared consisting of soybean oil 100.0, egg yolk phospholipids 24.0, dexamethasone palmitate 20.0, Na oleate 0.5, and phosphatidic acids 0.5g and 1L of H2O. Then, 5.0g glycerin was added, and the suspension was homogenized. The average diameter of particles in the emulsion was 0.2-0.4 µm. The efficacy of the drug for heart **transplantation** in rats was demonstrated.

ST steroid **transplant rejection** inhibitor; fatty acid
steroid immunosuppressant

IT **Transplant and Transplantation, animal**

(**rejection** of, immunosuppressive steroids for inhibition of)

IT Immunosuppressants

(steroids in, for inhibition of **transplant rejection**)

IT Fatty acids, esters

RL: BIOL (Biological study)

(C6-22, esters, with steroids, as inhibitor of tissue **transplant rejection**)

IT **Organ**

(**transplant, rejection** of, immunosuppressive steroids for inhibition of)

IT 50-02-2D, Dexamethasone, esters with fatty acids 50-23-7D, Hydrocortisone, esters with fatty acids **50-24-8D**, **Prednisolone**, esters with fatty acids 53-33-8, Paramethasone 53-33-8D, Paramethasone, esters with fatty acids 67-73-2, Fluocinolone acetone 83-43-2, Methylprednisolone 124-94-7D, Triamcinolone, esters with fatty acids 426-13-1D, Fluorometholone, esters with fatty acids **1524-88-5**, Flurandrenolone 4419-39-0D, Beclomethasone, esters with fatty acids **5534-09-8** 14899-36-6, Dexamethasone palmitate
RL: BIOL (Biological study)
(as inhibitor of tissue **transplant rejection**)

=> => fil medline

FILE 'MEDLINE' ENTERED AT 09:15:00 ON 07 DEC 2004

FILE LAST UPDATED: 4 DEC 2004 (20041204/UP). FILE COVERS 1950 TO DATE.

On February 29, 2004, the 2004 MeSH terms were loaded. See HELP RLOAD for details.

OLDMEDLINE now back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2004 vocabulary. See <http://www.nlm.nih.gov/mesh/> and http://www.nlm.nih.gov/pubs/techbull/nd03/nd03_mesh.html for a description of changes.

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> d his l88-

(FILE 'HCAPLUS' ENTERED AT 08:38:17 ON 07 DEC 2004)

FILE 'REGISTRY' ENTERED AT 09:06:58 ON 07 DEC 2004

FILE 'HCAPLUS' ENTERED AT 09:07:10 ON 07 DEC 2004

FILE 'CANCERLIT' ENTERED AT 09:07:20 ON 07 DEC 2004

L88 0 S L7 OR L9
L89 64 S L14 OR L15 OR L16 OR L17
L90 61 S L89 AND PY<=2001
E LEUKEMIA/CT
L91 95503 S E3+NT
E MYELOMA/CT
L92 1117 S E4+NT
E MULTIPLE MYELOMA/CT
L93 11417 S E3+NT
E LYMPHOMA/CT
L94 84051 S E3+NT
L95 0 S L90 AND L91-L94
L96 0 S TR/CT AND L90
E TRANSPLANTATION/CT
L97 0 S E3+NT AND L90
L98 0 S E12+NT AND L90
L99 0 S E23+NT AND L90
L100 0 S E31+NT AND L90
E GRAFT-V/CT
E E9+ALL
L101 0 S E2+NT AND L90
E E2+ALL
L102 0 S E24+NT AND L90

FILE 'MEDLINE' ENTERED AT 09:10:31 ON 07 DEC 2004

L103 9 S L88
L104 1522 S L89
L105 1526 S L103,L104
E GRAFT-V/CT
E E9+ALL
E E2+ALL
L106 2 S L105 AND E3+NT
L107 0 S L105 AND E23+NT
E LEUKEMIA/CT
L108 0 S L105 AND E3+NT
E E3+ALL
E LYMPHOMA/CT
E MYELOMA/CT
L109 0 S L105 AND E4+NT
E MULTIPLE MYELOMA/CT
E E3+ALL
L110 0 S L105 AND E29+NT
E LYMPHOMA/CT
L111 0 S L105 AND E3+NT
L112 7 S L105 AND C4./CT
L113 9 S L106,L112
L114 2 S L113 AND (GVH# OR GVL# OR GRAFT?(L) (HOST? OR LEUKEM? OR LEUCE

FILE 'MEDLINE' ENTERED AT 09:15:00 ON 07 DEC 2004

FILE COVERS 1974 TO 2 Dec 2004 (20041202/ED)

EMBASE has been reloaded. Enter HELP RLOAD for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> d all tot 1148

L148 ANSWER 1 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN 2001181829 EMBASE

TI Managing COPD: What the GP needs to know.

AU Frith P.A.

CS Dr. P.A. Frith, Respiratory Medicine, Repatriation General Hospital, Daw
Park, SA, Australia

SO Medicine Today, (2001) 2/5 (20-24).

Refs: 4

ISSN: 1443-430X CODEN: MTNBCV

CY Australia

DT Journal; General Review

FS 005 General Pathology and Pathological Anatomy

015 Chest Diseases, Thoracic Surgery and Tuberculosis

020 Gerontology and Geriatrics

037 Drug Literature Index

039 Pharmacy

LA English

SL English

AB Think of COPD in all adults with cough or who are breathless with exertion
- especially if they have been smokers. People in middle age who notice
breathing difficulties may incorrectly attribute them to advancing years
or lack of fitness. COPD is often a systemic disorder, with many
complications and concurrent morbidities. Early diagnosis can be achieved
with spirometry, and early intervention with risk factor reduction can
achieve significant long term benefits. Smoking is the main risk factor.
Doctors should aim to identify all smokers in their practice and initiate
stop smoking programs as soon as possible. Bronchodilators can relieve
symptoms; metered dose devices are preferred. Inhaled corticosteroids do
not modify the disease. Systemic corticosteroids shorten the recovery from
exacerbations. Pulmonary rehabilitation is highly effective at improving
wellbeing and functionality at all stages of the disorder.

CT Medical Descriptors:

*chronic obstructive lung disease: DT, drug therapy

*chronic obstructive lung disease: ET, etiology

*chronic obstructive lung disease: PC, prevention

*chronic obstructive lung disease: SU, surgery

*chronic obstructive lung disease: TH, therapy

general practitioner

Australia

prevalence

cause of death

symptom

coughing

sputum

dyspnea

exercise

bronchitis

smoking

spirometry

risk factor

asthma

environmental exposure

air pollution

inheritance
alpha 1 antitrypsin deficiency
disease course
comorbidity
cor pulmonale: CO, complication
heart right ventricle failure: CO, complication
lung embolism: CO, complication
apnea: CO, complication
osteoporosis: CO, complication
cognitive defect: CO, complication
depression: CO, complication
panic: CO, complication
anxiety neurosis: CO, complication
muscle weakness: CO, complication
smoking cessation
inhaler
metered dose inhaler
nebulizer
oxidative stress
oxygen therapy
assisted ventilation
patient education
psychosocial care
lung resection
 lung transplantation
palliative therapy
human
male
female
adult
review
Drug Descriptors:
tobacco smoke
alpha 1 antitrypsin: EC, endogenous compound
proteinase: EC, endogenous compound
proteinase inhibitor: EC, endogenous compound
bronchodilating agent: DT, drug therapy
bronchodilating agent: PR, pharmaceuticals
bronchodilating agent: IH, inhalational drug administration
salbutamol: DT, drug therapy
salbutamol: PR, pharmaceuticals
salbutamol: IH, inhalational drug administration
salbutamol sulfate: DT, drug therapy
salbutamol sulfate: PR, pharmaceuticals
salbutamol sulfate: IH, inhalational drug administration
combivent: DT, drug therapy
combivent: PR, pharmaceuticals
combivent: IH, inhalational drug administration
terbutaline: DT, drug therapy
terbutaline: IH, inhalational drug administration
cholinergic receptor blocking agent: DT, drug therapy
cholinergic receptor blocking agent: IH, inhalational drug administration
ipratropium bromide: DT, drug therapy
ipratropium bromide: IH, inhalational drug administration
formoterol: DT, drug therapy
formoterol: IH, inhalational drug administration
salmeterol: DT, drug therapy
salmeterol xinafoate: DT, drug therapy
fluticasone propionate plus salmeterol: DT, drug therapy
theophylline: DT, drug therapy
corticosteroid: DT, drug therapy
corticosteroid: IH, inhalational drug administration
fluticasone: DT, drug therapy

fluticasone: IH, inhalational drug administration
 fluticasone propionate: DT, drug therapy
 fluticasone propionate: IH, inhalational drug administration
 budesonide: DT, drug therapy
 budesonide: IH, inhalational drug administration
 beclometasone dipropionate: DT, drug therapy
 beclometasone dipropionate: IH, inhalational drug administration
 mucolytic agent: DT, drug therapy
 bromhexine: DT, drug therapy
 acetylcysteine: DT, drug therapy
 antibiotic agent: DT, drug therapy
 influenza vaccine: DT, drug therapy
 zanamivir: DT, drug therapy
 oseltamivir: DT, drug therapy
 oxygen: DT, drug therapy
 unindexed drug
 respax
 aproven 250
 ipravent
 austyn
 fluvax

- RN (alpha 1 antitrypsin) 9041-92-3; (proteinase) 9001-92-7; (proteinase inhibitor) 37205-61-1; (salbutamol) 18559-94-9; (salbutamol sulfate) 51022-70-9; (terbutaline) 23031-25-6; (ipratropium bromide) 22254-24-6; (formoterol) 73573-87-2; (salmeterol) 89365-50-4; (salmeterol xinafoate) 94749-08-3; (theophylline) 58-55-9, 5967-84-0, 8055-07-0, 8061-56-1, 99007-19-9; (fluticasone) 90566-53-3; (fluticasone propionate) 80474-14-2; (budesonide) 51333-22-3; (**beclometasone dipropionate**) **5534-09-8**; (bromhexine) 3572-43-8, 611-75-6; (acetylcysteine) 616-91-1; (zanamivir) 139110-80-8; (oseltamivir) 196618-13-0, 204255-09-4, 204255-11-8; (oxygen) 7782-44-7
- CN Airomir; Asmol; Epaq; Respax; Respolin; Ventolin; Bricanyl; Aproven 250; Atrovent; Ipravent; Foradile; Oxis; Serevent; Seretide; Austyn; Nuelin sr; Theo dur; Flixotide; Becloforte; **Becotide**; **Qvar**; Respocort; Fluarix; Fluvax; Fluvirin; Relenza; Tamiflu

L148 ANSWER 2 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
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AN 1999382738 EMBASE

TI Nebulizer-compatible liquid formulations for aerosol pulmonary delivery of hydrophobic drugs: Glucocorticoids and cyclosporine.

AU Klyashchitsky B.A.; Owen A.J.

CS B.A. Klyashchitsky, LDS Technologies, Inc., 305 Chelsea Parkway, Boothwyn, PA 19061, United States. boris@ldstech.com

SO Journal of Drug Targeting, (1999) 7/2 (79-99).

Refs: 83

ISSN: 1061-186X CODEN: JDTAEH

CY United Kingdom

DT Journal; General Review

FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis

027 Biophysics, Bioengineering and Medical Instrumentation

030 Pharmacology

037 Drug Literature Index

039 Pharmacy

LA English

SL English

AB This review discusses pulmonary delivery of glucocorticoids and cyclosporine in pharmaceutically acceptable organic solvents and liposomes, as well as in micellar solutions and microemulsions, by means of liquid aerosols generated by nebulizers. The review points out the importance of a variety of parameters for successful treatment of immunologically mediated lung diseases by inhalation of drug containing aerosols with particular references to physico-chemical properties of

formulations, aerosol parameters, pharmacokinetics, and lung deposition in experimental animals and humans. The prospects for the use of these types of formulations for clinical treatment of asthma, lung transplant rejection processes and other lung diseases are summarized.

CT Medical Descriptors:

*nebulization
 drug formulation
 nebulizer
 drug delivery system
 hydrophobicity
 lung disease: DT, drug therapy
 asthma: DT, drug therapy
 graft rejection: DT, drug therapy
 graft rejection: PC, prevention

lung transplantation

drug distribution
 human
 nonhuman
 animal experiment
 animal model
 inhalational drug administration
 clinical trial
 meta analysis
 review
 priority journal

Drug Descriptors:

*glucocorticoid: CT, clinical trial
 *glucocorticoid: AD, drug administration
 *glucocorticoid: DO, drug dose
 *glucocorticoid: DT, drug therapy
 *glucocorticoid: PR, pharmaceuticals
 *cyclosporin: CT, clinical trial
 *cyclosporin: AD, drug administration
 *cyclosporin: DO, drug dose
 *cyclosporin: DT, drug therapy
 *cyclosporin: PR, pharmaceuticals
 liposome: PR, pharmaceuticals
 organic solvent
 beclometasone dipropionate: AD, drug administration
 beclometasone dipropionate: DO, drug dose
 beclometasone dipropionate: DT, drug therapy
 beclometasone dipropionate: PR, pharmaceuticals
 budesonide: AD, drug administration
 budesonide: DO, drug dose
 budesonide: DT, drug therapy
 budesonide: PR, pharmaceuticals
 flunisolide: AD, drug administration
 flunisolide: DO, drug dose
 flunisolide: DT, drug therapy
 flunisolide: PR, pharmaceuticals
 fluticasone propionate: AD, drug administration
 fluticasone propionate: DO, drug dose
 fluticasone propionate: DT, drug therapy
 fluticasone propionate: PR, pharmaceuticals
 dexamethasone: AD, drug administration
 dexamethasone: DO, drug dose
 dexamethasone: DT, drug therapy
 dexamethasone: PR, pharmaceuticals
 dexamethasone sodium phosphate: AD, drug administration
 dexamethasone sodium phosphate: DO, drug dose
 dexamethasone sodium phosphate: DT, drug therapy
 dexamethasone sodium phosphate: PR, pharmaceuticals

RN (cyclosporin) 79217-60-0; **(beclometasone dipropionate)**

5534-09-8; (budesonide) 51333-22-3; (flunisolide) 3385-03-3;
 (fluticasone propionate) 80474-14-2; (dexamethasone) 50-02-2;
 (dexamethasone sodium phosphate) 2392-39-4, 312-93-6

CN Pulmicort

NP Aerotech 11 nebuliser

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 on STN

AN 1998223662 EMBASE

TI Intestinal **graft-versus-host** disease.

AU Shanahan F.

CS Dr. F. Shanahan, Department of Medicine, Cork University Hospital, Cork,
 Ireland. FShanahan@iruccvax.ucc.ie

SO Gastroenterology, (1998) 115/1 (220-222).

Refs: 16

ISSN: 0016-5085 CODEN: GASTAB

CY United States

DT Journal; Editorial

FS 006 Internal Medicine

025 Hematology

026 Immunology, Serology and Transplantation

037 Drug Literature Index

048 Gastroenterology

LA English

CT Medical Descriptors:

*graft versus host reaction: CO, complication

*graft versus host reaction: DI, diagnosis

*graft versus host reaction: DT, drug therapy

*gastrointestinal symptom: CO, complication

*gastrointestinal symptom: DI, diagnosis

*gastrointestinal symptom: DT, drug therapy

*bone marrow transplantation

gene therapy

t lymphocyte

diagnostic approach route

intestine biopsy

nutritional support

fluid therapy

human

topical drug administration

editorial

priority journal

Drug Descriptors:

*immunosuppressive agent: DT, drug therapy

*steroid: AD, drug administration

*steroid: DT, drug therapy

glucocorticoid: AD, drug administration

glucocorticoid: DT, drug therapy

beclometasone dipropionate: AD, drug administration

beclometasone dipropionate: DT, drug therapy

budesonide: AD, drug administration

budesonide: DT, drug therapy

corticosteroid: DT, drug therapy

RN (beclometasone dipropionate) 5534-09-8;

(budesonide) 51333-22-3

L148 ANSWER 4 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN

AN 1998223638 EMBASE

TI Oral **beclomethasone dipropionate** for treatment of
 intestinal **graft- versus-host** disease: A randomized,
 controlled trial.

AU McDonald G.B.; Bouvier M.; Hockenbery D.M.; Stern J.M.; Gooley T.; Farrand

A.; Murakami C.; Levine D.S.
 CS Dr. G.B. McDonald, Gastroenter./Hepatol. Sec. (D2-190), Fred Hutchinson
 Can. Research Center, 1100 Fairview Avenue North, Seattle, WA 98109-1024,
 United States
 SO Gastroenterology, (1998) 115/1 (28-35).
 Refs: 45
 ISSN: 0016-5085 CODEN: GASTAB
 CY United States
 DT Journal; Article
 FS 009 Surgery
 026 Immunology, Serology and Transplantation
 037 Drug Literature Index
 048 Gastroenterology
 LA English
 SL English
 AB Background and Aims: **Beclomethasone dipropionate**
 (BDP), a topically active steroid, seemed to be an effective treatment for
 intestinal **graft- versus-host disease (GVHD)**
 in a phase I study. The aim of this study was to compare the effectiveness
 of oral BDP to that of placebo capsules in treatment of intestinal
GVHD. Methods: Sixty patients with anorexia and poor oral intake
 because of intestinal **GVHD** were randomized to receive prednisone
 (1 mg · kg⁻¹ · day⁻¹) plus either oral BDP (8 mg/day) or
 placebo capsules. Initial responders who were eating at least 70% of
 caloric needs at evaluation on day 10 continued to take study capsules for
 an additional 20 days while the prednisone dose was rapidly tapered. The
 primary end point was the frequency of a durable treatment response at day
 30 of treatment. Results: The initial treatment response at day 10 was 22
 of 31 (71%) in the BDP/prednisone group vs. 16 of 29 (55%) for the
 placebo/prednisone group. The durable treatment response at day 30 was 22
 of 31 (71%) vs. 12 of 29 (41%), respectively (P = 0.02). Conclusions: The
 combination of oral BDP capsules and prednisone was more effective than
 prednisone alone in treating intestinal **GVHD**. Oral BDP allowed
 prednisone doses to be rapidly tapered without recurrent intestinal
 symptoms.
 CT Medical Descriptors:
 ***graft versus host reaction: DT, drug therapy**
 ***graft versus host reaction: PC, prevention**
 *enteropathy: DT, drug therapy
 *enteropathy: PC, prevention
 comparative study
 drug efficacy
 clinical feature
 gastrointestinal symptom: DT, drug therapy
 anorexia: DT, drug therapy
 treatment outcome
 recurrent disease
 leukemia: SU, surgery
 lymphoma: SU, surgery
 aplastic anemia: SU, surgery
 hemoglobinuria: SU, surgery
 infection: CO, complication
 fever: CO, complication
 allogenic bone marrow transplantation
 human
 male
 female
 major clinical study
 clinical trial
 randomized controlled trial
 double blind procedure
 controlled study
 adult

oral drug administration

article

priority journal

Drug Descriptors:

*beclometasone dipropionate: CT, clinical trial
 *beclometasone dipropionate: AD, drug administration
 *beclometasone dipropionate: CB, drug combination
 *beclometasone dipropionate: CM, drug comparison
 *beclometasone dipropionate: DO, drug dose
 *beclometasone dipropionate: DT, drug therapy
 *beclometasone dipropionate: PR, pharmaceuticals

prednisone: CB, drug combination

prednisone: CM, drug comparison

prednisone: DO, drug dose

prednisone: DT, drug therapy

cyclosporin: CB, drug combination

cyclosporin: DT, drug therapy

methotrexate: CB, drug combination

methotrexate: DT, drug therapy

trimetrexate: CB, drug combination

trimetrexate: DT, drug therapy

tsukubaenolide: CB, drug combination

tsukubaenolide: DT, drug therapy

immunosuppressive agent: CB, drug combination

immunosuppressive agent: DT, drug therapy

daclizumab: CB, drug combination

daclizumab: DT, drug therapy

unclassified drug

RN (beclometasone dipropionate) 5534-09-8;
 (prednisone) 53-03-2; (cyclosporin) 79217-60-0; (methotrexate) 15475-56-6,
 59-05-2, 7413-34-5; (trimetrexate) 52128-35-5; (tsukubaenolide)
 104987-11-3

L148 ANSWER 5 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN

AN 97334486 EMBASE

DN 1997334486

TI Current issues in the management of chronic obstructive pulmonary
 diseases.

AU Roche N.; Huchon G.J.

CS Prof. G.J. Huchon, Service de Pneumologie, Hopital Ambroise Pare (AP-HP),
 9, Avenue Charles de Gaulle, F-92104 Boulogne Cedex, France

SO Respiriology, (1997) 2/3 (215-229).

Refs: 138

ISSN: 1323-7799 CODEN: RSPIFB

CY Japan

DT Journal; Conference Article

FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis

019 Rehabilitation and Physical Medicine

030 Pharmacology

037 Drug Literature Index

LA English

SL English

AB Chronic obstructive pulmonary disease (COPD) is a leading cause of
 morbidity and mortality, especially among smokers. Many guidelines that
 have recently been issued emphasize that COPD is not inaccessible to
 therapeutic measures: although few interventions are capable of affecting
 its natural history (i.e. smoking cessation and, in patients with severe
 resting hypoxaemia, oxygen therapy), several others have a demonstrated
 effect on symptoms and, thereby, quality of life. The effects of inhaled
 corticosteroids, and alpha1-antitrypsin replacement therapy in emphysema
 due to alpha1-antitrypsin deficiency are currently being studied. When
 there is a marked increase in mucus production, chest physiotherapy using

controlled expiration and directed cough may be useful. Inhaled bronchodilators are frequently effective on dyspnoea, anticholinergic agents being more suitable for continuous symptoms. Rehabilitation, which includes education and psychosocial care, chest physiotherapy, nutritional care and exercise training, also improves quality of life. When there is persistent severe alveolar hypoventilation despite oxygen therapy, long-term mechanical ventilation may be considered. Surgical options in the treatment of emphysema include resection of giant bullae and lung volume reduction surgery. Lung **transplantation** should be proposed only in patients with end-stage disease, the difficulty here being to define what 'end-stage' means. Finally, all preventive and some therapeutic interventions are likely to be more effective early in the course of the disease. Thus, efforts should be made to detect airways obstruction early in subjects at risk, such as smokers.

CT Medical Descriptors:

- *chronic obstructive lung disease: PC, prevention
- *chronic obstructive lung disease: RH, rehabilitation
- *chronic obstructive lung disease: SU, surgery
- *chronic obstructive lung disease: TH, therapy
- *chronic obstructive lung disease: DT, drug therapy
- *respiratory tract infection: PC, prevention
- *respiratory tract infection: DT, drug therapy
- alpha 1 antitrypsin deficiency: DT, drug therapy
- artificial ventilation
- clinical trial
- conference paper
- dyspnea: DT, drug therapy
- exercise
- human
- hypoxemia: TH, therapy
- inhalational drug administration
- lung bulla: SU, surgery
- lung emphysema: SU, surgery
- lung transplantation**
- nutrition
- oral drug administration
- oxygen therapy
- physiotherapy
- priority journal
- psychosocial care
- quality of life
- risk factor
- smoking cessation

Drug Descriptors:

- *alpha 1 antitrypsin: DT, drug therapy
- *antibiotic agent: DT, drug therapy
- *bronchodilating agent: DT, drug therapy
- *cholinergic receptor blocking agent: DT, drug therapy
- *corticosteroid: CT, clinical trial
- *corticosteroid: DT, drug therapy
- *vaccine: DT, drug therapy
- beclometasone dipropionate: CT, clinical trial**
- beclometasone dipropionate: DT, drug therapy**
- budesonide: DT, drug therapy
- budesonide: CB, drug combination
- budesonide: CT, clinical trial
- ipratropium bromide: CT, clinical trial
- ipratropium bromide: CB, drug combination
- ipratropium bromide: DT, drug therapy
- methylxanthine derivative: DT, drug therapy
- placebo
- prednisolone: DT, drug therapy
- prednisolone: CB, drug combination

prednisolone: CT, clinical trial
 salbutamol: CT, clinical trial
 salbutamol: CB, drug combination
 salbutamol: DT, drug therapy

RN (alpha 1 antitrypsin) 9041-92-3; (beclometasone
 dipropionate) 5534-09-8; (budesonide) 51333-22-3;
 (ipratropium bromide) 22254-24-6; (prednisolone) 50-24-8; (salbutamol)
 18559-94-9

L148 ANSWER 6 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN

AN 96002289 EMBASE

DN 1996002289

TI Oral beclomethasone dipropionate for treatment of
 human intestinal graft-versus-host disease.

AU Baehr P.H.; Levine D.S.; Bouvier M.E.; Hockenbery D.M.; Gooley T.A.; Stern
 J.G.; Martin P.J.; McDonald G.B.

CS Gastroenterology/Hepatology Section, Fred Hutchinson Cancer Research Ctr.,
 1124 Columbia Street, Seattle, WA 98104, United States

SO Transplantation, (1995) 60/11 (1231-1238).

ISSN: 0041-1337 CODEN: TRPLAU

CY United States

DT Journal; Article

FS 026 Immunology, Serology and Transplantation

030 Pharmacology

037 Drug Literature Index

038 Adverse Reactions Titles

LA English

SL English

AB Intestinal graft-versus-host disease (GVHD)

causes anorexia, vomiting, abdominal pain, and diarrhea. We investigated
 oral beclomethasone dipropionate (BDP), a potent,
 topically active corticosteroid, as therapy for this disease. Forty-two
 allogeneic marrow-graft recipients with biopsy-proven
 intestinal graft-versus-host disease of
 mild-to-moderate severity received BDP (8 mg daily) for up to 28 days.
 Weekly symptom scores, oral intake, and surveillance throat and stool
 cultures were compared with baseline values. Adrenal testing was performed
 serially in patients not receiving concurrent prednisone. Improvement was
 seen in appetite ($P < 0.001$), oral intake ($P < 0.001$), nausea ($P = 0.013$), and
 diarrhea ($P = 0.02$) over the course of therapy, and an overall beneficial
 response was observed in 72% of 40 evaluable patients. Surveillance
 cultures of throat and stool showed no increase in bacterial or fungal
 colonization over time. The adrenal axis became suppressed in 11 of 20
 evaluable patients (55%) but suppression was not a prerequisite for
 clinical response, as 6 of 9 patients who retained normal adrenal function
 improved clinically. We conclude that oral BDP is a safe and effective
 treatment for mild-to-moderate intestinal graft-versus-
 host disease. Systemic absorption probably occurs, but adrenal
 suppression is not a prerequisite for clinical efficacy, suggesting that
 the biological effect is primarily topical. BDP should be further
 investigated as a topical therapy for intestinal GVHD.

CT Medical Descriptors:

*graft versus host reaction: DT, drug therapy

*graft versus host reaction: DI, diagnosis

*vomiting: SI, side effect

*vomiting: DT, drug therapy

abdominal discomfort: SI, side effect

adolescent

adult

article

child

clinical article

clinical trial
 drug absorption
 drug efficacy
 drug safety
 female
 gastrointestinal symptom: DT, drug therapy
 gastrointestinal symptom: SI, side effect
 human
 human cell
 human tissue
 male
 oral drug administration
 priority journal
 scoring system
 taste disorder: SI, side effect

Drug Descriptors:

*beclometasone dipropionate: AE, adverse drug reaction
 *beclometasone dipropionate: CT, clinical trial
 *beclometasone dipropionate: AD, drug administration
 *beclometasone dipropionate: DT, drug therapy
 *beclometasone dipropionate: PD, pharmacology

cyclosporin: DT, drug therapy
 lymphocyte antibody: DT, drug therapy
 methotrexate: DT, drug therapy
 prednisone: DT, drug therapy
 thymocyte antibody: DT, drug therapy

RN (beclometasone dipropionate) 5534-09-8;
 (cyclosporin) 79217-60-0; (methotrexate) 15475-56-6, 59-05-2, 7413-34-5;
 (prednisone) 53-03-2
 CO Schering plough (United States)

L148 ANSWER 7 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN

AN 94381737 EMBASE

DN 1994381737

TI Suspected trimethoprim/sulfamethoxazole-induced hypoprothrombinemia.

AU Cook D.E.; Ponte C.D.

CS Department of Pharmacy, Health Sciences Centre, University of
 Washington, Seattle, WA 98105, United States

SO Journal of Family Practice, (1994) 39/6 (589-591).

ISSN: 0094-3509 CODEN: JFAPDE

CY United States

DT Journal; Article

FS 018 Cardiovascular Diseases and Cardiovascular Surgery

025 Hematology

037 Drug Literature Index

038 Adverse Reactions Titles

LA English

SL English

AB The following report illustrates a case of trimethoprim/sulfamethoxazole-induced hypoprothrombinemia in a patient receiving ongoing warfarin therapy for atrial fibrillation and aortic valve replacement. He was treated with trimethoprim/sulfamethoxazole (TMP/SMX) for sinusitis. During this time, the patient's prothrombin time international normalized ratio (INR) increased 3.5 times higher than the baseline value. The INR values decreased when the antibiotic was discontinued. If a patient is on warfarin and TMP/SMX is added, INR values should be monitored closely.

CT Medical Descriptors:

*hypoprothrombinemia: SI, side effect

*sinusitis: DT, drug therapy

aged

antibiotic therapy

anticoagulant therapy

aorta valve replacement
 article
 case report
 heart atrium fibrillation: DT, drug therapy
 human
 male

Drug Descriptors:
 *cotrimoxazole: AE, adverse drug reaction
 *cotrimoxazole: CB, drug combination
 *sulfamethoxazole: AE, adverse drug reaction
 *sulfamethoxazole: CB, drug combination
 *trimethoprim: AE, adverse drug reaction
 *trimethoprim: CB, drug combination

beclometasone dipropionate
 cefuroxime: DT, drug therapy
 ipratropium bromide
 potassium chloride

warfarin: DT, drug therapy
 RN (cotrimoxazole) 8064-90-2; (sulfamethoxazole) 723-46-6; (trimethoprim)
 738-70-5; (**beclometasone dipropionate**)
 5534-09-8; (cefuroxime) 55268-75-2, 56238-63-2; (ipratropium
 bromide) 22254-24-6; (potassium chloride) 7447-40-7; (warfarin) 129-06-6,
 2610-86-8, 3324-63-8, 5543-58-8, 81-81-2

L148 ANSWER 8 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
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AN 94247035 EMBASE

DN 1994247035

TI Pityriasis rosea-like eruption after bone marrow **transplantation**

AU Spelman L.J.; Robertson I.M.; Strutton G.M.; Weedon D.

CS 62 Illidge St., Brisbane, QLD 4151, Australia

SO Journal of the American Academy of Dermatology, (1994) 31/2 II (348-351).

ISSN: 0190-9622 CODEN: JAADDB

CY United States

DT Journal; Article

FS 005 General Pathology and Pathological Anatomy

013 Dermatology and Venereology

025 Hematology

026 Immunology, Serology and Transplantation

037 Drug Literature Index

LA English

SL English

AB Bone marrow **transplantation** is associated with numerous
 cutaneous complications that may be related to the underlying
 (preexisting) disease, to pretransplant conditioning, to
 immunosuppression, to concomitant medication, or to **graft**
-versus-host reaction. We describe four bone marrow
transplant recipients with the clinical and histologic features of
 pityriasis rosea, a hitherto unreported association.

CT Medical Descriptors:

***bone marrow transplantation**

*pityriasis rosea: CO, complication

*pityriasis rosea: DI, diagnosis

adult

article

case report

chronic myeloid leukemia: DT, drug therapy

chronic myeloid leukemia: SU, surgery

drug mixture

graft versus host reaction: DT, drug therapy

graft versus host reaction: PC, prevention

graft versus host reaction: DI, diagnosis

graft versus host reaction: CO, complication

human

human tissue

immunosuppressive treatment

male

parakeratosis: CO, complication

parakeratosis: DI, diagnosis

priority journal

recipient

skin biopsy

Drug Descriptors:

*aciclovir: DT, drug therapy

*busulfan: DT, drug therapy

*cyclophosphamide: DT, drug therapy

*cyclosporin: DT, drug therapy

*prednisone: DT, drug therapy

HLA antigen: EC, endogenous compound

beclometasone dipropionate: DT, drug therapy

cotrimoxazole: DT, drug therapy

nifedipine

sulfamethoxazole: CB, drug combination

sulfamethoxazole: DT, drug therapy

trimethoprim: CB, drug combination

trimethoprim: DT, drug therapy

RN (aciclovir) 59277-89-3; (busulfan) 55-98-1; (cyclophosphamide) 50-18-0;
(cyclosporin) 79217-60-0; (prednisone) 53-03-2; (**beclometasone
dipropionate**) **5534-09-8**; (cotrimoxazole) 8064-90-2;
(nifedipine) 21829-25-4; (sulfamethoxazole) 723-46-6; (trimethoprim)
738-70-5

L148 ANSWER 9 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN **93062939** EMBASE

DN **1993062939**

TI Nasal candidiasis in a patient on long-term topical intranasal
corticosteroid therapy.

AU Webb E.L.

CS 2200 Bergquist Dr., Lackland AFB, TX 78236-5300, United States

SO Journal of Allergy and Clinical Immunology, (1993) 91/2 (680-681).

ISSN: 0091-6749 CODEN: JACIBY

CY United States

DT Journal; Article

FS 004 Microbiology

011 Otorhinolaryngology

037 Drug Literature Index

LA English

CT Medical Descriptors:

*candidiasis: DT, drug therapy

*nose

*steroid therapy

adult

article

candida albicans

case report

chronic lymphatic leukemia

chronic rhinitis: DT, drug therapy

female

human

intranasal drug administration

long term care

oral drug administration

priority journal

topical drug administration

Drug Descriptors:

***beclometasone dipropionate: DT, drug therapy**

ketoconazole: DT, drug therapy

RN (beclometasone dipropionate) 5534-09-8;

(ketoconazole) 65277-42-1

CN (1) Vancenase

CO (1) Schering (United States)

L148 ANSWER 10 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
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AN 92104224 EMBASE

DN 1992104224

TI Primary cutaneous anaplastic large-cell lymphoma with a prolonged
erythrodermic prodrome.

AU Denton K.; Wilson C.L.; Venning V.A.

CS Department of Histopathology, John Radcliffe Hospital, Oxford OX3 9DU,
United Kingdom

SO British Journal of Dermatology, (1992) 126/3 (297-300).

ISSN: 0007-0963 CODEN: BJDEAZ

CY United Kingdom

DT Journal; Article

FS 005 General Pathology and Pathological Anatomy

013 Dermatology and Venereology

016 Cancer

025 Hematology

037 Drug Literature Index

LA English

SL English

AB Anaplastic large cell lymphoma (ALCL) is a high grade non-Hodgkins
lymphoma recognized by the expression of the CD30 marker and by its
morphology. We report a patient with a 6-year history of a non-specific
erythroderma in whom ALCL developed with rapid and fatal dissemination to
the lymph nodes and internal organs.

CT Medical Descriptors:

*erythroderma: DI, diagnosis

*erythroderma: DT, drug therapy

*large cell lymphoma: RT, radiotherapy

*large cell lymphoma: DT, drug therapy

*large cell lymphoma: DI, diagnosis

*skin lymphoma: DI, diagnosis

*skin lymphoma: RT, radiotherapy

*skin lymphoma: DT, drug therapy

aged

article

case report

female

human

oral drug administration

priority journal

topical drug administration

Drug Descriptors:

*azathioprine: DT, drug therapy

***beclometasone dipropionate: DT, drug therapy**

*betamethasone valerate: DT, drug therapy

*clobetasol propionate: DT, drug therapy

*etretinate: DT, drug therapy

*prednisolone: DT, drug therapy

*terfenadine: DT, drug therapy

warfarin: DT, drug therapy

RN (azathioprine) 446-86-6; (beclometasone dipropionate)

5534-09-8; (betamethasone valerate) 2152-44-5, 57654-97-4;

(clobetasol propionate) 25122-46-7; (etretinate) 54350-48-0;

(prednisolone) 50-24-8; (terfenadine) 50679-08-8; (warfarin) 129-06-6,

2610-86-8, 3324-63-8, 5543-58-8, 81-81-2

CN Tigason

L148 ANSWER 11 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
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AN 92042697 EMBASE

DN 1992042697

TI [Pneumology].

PNEUMOLOGIE.

AU Huguenin-Dumittan S.

CS 6, Avenue de Champel, 1206 Geneve, Switzerland

SO Medecine et Hygiene, (1992) 50/1916 (90-101).

ISSN: 0025-6749 CODEN: MEHGAB

CY Switzerland

DT Journal; General Review

FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis

037 Drug Literature Index

LA French

SL English; French

AB Rather stagnation, this year! Growing of therapeutic vehicles (liposoms, even surfactant). The long-acting bronchodilators are on the market, with a protecting effect for bronchi of 30 hours; associated to anti-inflammatory inhaled substances, they permit a durable efficacious therapy of asthma. The education of asthma patient and of his physician is progressing, but slowly. Perhaps future important drug for asthma will develop among innumerable substances born from mediators and antagonists. Oncology speaks at last of immunotherapy... Surgery in closed thorax is growing from pleural endoscopy techniques. The pulmonary **transplantation** remains an experimental therapy.

CT Medical Descriptors:

*asthma: DT, drug therapy

*bronchodilatation

*inflammation

*lung transplantation

*tuberculosis

bacterial infection

human

respiratory tract infection: DT, drug therapy

review

Drug Descriptors:

***beclometasone dipropionate**: DT, drug therapy

*salbutamol: DT, drug therapy

*salmeterol: DT, drug therapy

*theophylline: DT, drug therapy

*troleandomycin: DT, drug therapy

*tuberculostatic agent: DT, drug therapy

amoxicillin: DT, drug therapy

ciprofloxacin: DT, drug therapy

dapsone: DT, drug therapy

hydroxychloroquine: DT, drug therapy

magnesium sulfate: DT, drug therapy

methotrexate: DT, drug therapy

ofloxacin: DT, drug therapy

pristinamycin: DT, drug therapy

trimethoprim: DT, drug therapy

RN (**beclometasone dipropionate**) 5534-09-8;

(salbutamol) 18559-94-9; (salmeterol) 89365-50-4; (theophylline) 58-55-9,

5967-84-0, 8055-07-0, 8061-56-1, 99007-19-9; (troleandomycin) 2751-09-9;

(amoxicillin) 26787-78-0, 61336-70-7; (ciprofloxacin) 85721-33-1;

(dapsone) 80-08-0; (hydroxychloroquine) 118-42-3, 525-31-5; (magnesium

sulfate) 7487-88-9; (methotrexate) 15475-56-6, 59-05-2, 7413-34-5;

(ofloxacin) 82419-36-1; (pristinamycin) 11132-90-4; (trimethoprim)

738-70-5

L148 ANSWER 12 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
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AN 86134714 EMBASE

DN 1986134714

TI Chronic lymphocytic leukemia following treatment of status asthmaticus
with systemic steroids.

AU Oliver R.P.

CS Methodist Hospital, Memphis, TN, United States

SO Journal of the Tennessee Medical Association, (1986) 79/3 (137-138).

CODEN: JTMAAM

CY United States

DT Journal

FS 038 Adverse Reactions Titles

037 Drug Literature Index

LA English

CT Medical Descriptors:

*adverse drug reaction

*asthma

*chemical carcinogenesis

*chronic lymphatic leukemia

*leukemogenesis

*drug therapy

blood and hemopoietic system

lymphatic system

therapy

respiratory system

inhalational drug administration

intravenous drug administration

human

case report

Drug Descriptors:

*adrenalin

*aluminum hydroxide

*beclometasone dipropionate

*cefamandole

*etilefrine

*furosemide

*hydrochlorothiazide

*isoetarine

*magnesium hydroxide

*methylprednisolone sodium succinate

*prednisone

*salbutamol

*theophylline

RN (adrenalin) 51-43-4, 55-31-2, 6912-68-1; (aluminum hydroxide) 1330-44-5,
20257-20-9, 21645-51-2, 80206-84-4; (**beclometasone
dipropionate**) 5534-09-8; (cefamandole) 30034-03-8,
34444-01-4; (etilefrine) 10128-36-6, 534-87-2, 709-55-7, 943-17-9;
(furosemide) 54-31-9; (hydrochlorothiazide) 58-93-5; (isoetarine) 50-96-4,
530-08-5, 63550-80-1; (magnesium hydroxide) 1309-42-8, 1317-43-7;
(methylprednisolone sodium succinate) 2375-03-3, 2921-57-5; (prednisone)
53-03-2; (salbutamol) 18559-94-9; (theophylline) 58-55-9, 5967-84-0,
8055-07-0, 8061-56-1, 99007-19-9

L148 ANSWER 13 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
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AN 82024124 EMBASE

DN 1982024124

TI Bone marrow **transplantation** for acute leukaemia and severe
marrow aplasia: an analysis of five patients.

AU Beard M.E.J.; Heaton D.C.; Hamer J.W.; et al.

CS Dept. Hematol., Christchurch Hosp., Christchurch, New Zealand

- SO New Zealand Medical Journal, (1981) 94/693 (249-252).
 CODEN: NZMJAX
- CY New Zealand
 DT Journal
- FS 037 Drug Literature Index
 025 Hematology
 006 Internal Medicine
 026 Immunology, Serology and Transplantation
 016 Cancer
- LA English
- AB Five patients, three with severe aplasia and two with acute leukaemia have been treated by bone marrow **transplantation** (BMT). Four are alive and well with excellent **graft** function. One showed engraftment but died of acute **graft-versus-host** disease (GVH); this patient and his donor were hepatitis B antigen positive. Three show evidence of mild chronic GVH, two patients requiring control by immunosuppressive therapy. Bone marrow **transplantation** (BMT) has now become an established method of treatment in severe aplasia and in acute leukaemia and our results serve to emphasise this. The clinical and organisational problems associated with BMT are discussed.
- CT Medical Descriptors:
 *acute leukemia
 *aplastic anemia
 *bone marrow aplasia
 *bone marrow transplantation
 graft rejection
 graft versus host reaction
 immunosuppressive treatment
 blood and hemopoietic system
 major clinical study
 therapy
 Drug Descriptors:
 *azathioprine
 *beclometasone dipropionate
 *cyclophosphamide
 *hepatitis b antigen
 *methotrexate
 *prednisone
 *thymocyte antibody
 colistin
 framycetin
 nystatin
- RN (azathioprine) 446-86-6; (beclometasone dipropionate) 5534-09-8; (cyclophosphamide) 50-18-0; (methotrexate) 15475-56-6, 59-05-2, 7413-34-5; (prednisone) 53-03-2; (colistin) 1066-17-7, 1264-72-8; (framycetin) 119-04-0; (nystatin) 1400-61-9, 34786-70-4, 62997-67-5
- CN Soframycin; Mycostatin; **Beconase**
- CO Upjohn (United States)
- L148 ANSWER 14 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN
- AN 81113669 EMBASE
 DN 1981113669
- TI Percutaneous absorption of steroid hormone at the skin graft donor site just before epithelization.
- AU Ariga A.; Ohura T.; Iida K.; Ohishi T.
- CS Dept. Plast. Reconstruct. Surg., Hokkaido Univ. Sch. Med., Sapporo, Japan
- SO Japanese Journal of Plastic and Reconstructive Surgery, (1981) 24/1 (61-66).
 CODEN: KEGEAC
- CY Japan
 DT Journal

FS 034 Plastic Surgery
 037 Drug Literature Index
 003 Endocrinology

LA Japanese
 SL English

AB A topical application of corticosteroid is not always effective in the treatment of scar keloid. Percutaneous absorption of the hormone may be a factor affecting the results of therapy. To determine this, **beclometasone dipropionate** ointment was applied to the lesion where epithelization neared completion and where the barrier was hardly formed. It was demonstrated that the percutaneous absorption of corticosteroid decreased as epithelization of the lesion progressed and that the quantity absorbed by the cicatricial skin was extremely small. Corticosteroid as a preventive against scar keloid should preferably be applied to the lesion just before epithelization in view of percutaneous absorption of the hormone.

CT Medical Descriptors:
 *donor site
 *drug absorption
 *epithelization
 *keloid
 *skin graft
 major clinical study
 pharmacokinetics
 Drug Descriptors:
 *beclometasone dipropionate
 *corticosteroid

RN (beclometasone dipropionate) 5534-09-8

L148 ANSWER 15 OF 15 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN

AN 81017124 EMBASE
 DN 1981017124

TI Kaposi's sarcoma after immunosuppressive therapy with prednisone.
 AU Hoshaw R.A.; Schwartz R.A.
 CS Dept. Dermatol., Univ. Oklahoma, Oklahoma City, Okla., United States
 SO Archives of Dermatology, (1980) 116/11 (1280-1282).
 CODEN: ARDEAC
 CY United States
 DT Journal

FS 037 Drug Literature Index
 013 Dermatology and Venereology
 016 Cancer
 005 General Pathology and Pathological Anatomy
 026 Immunology, Serology and Transplantation

LA English

AB Immunosuppressed patients are at risk of acquiring Kaposi's sarcoma. The authors describe here a 66-year-old man with bronchial asthma who was receiving immunosuppressive medication (prednisone given for systemic effect) and in whom Kaposi's sarcoma developed. The literature on this subject is reviewed.

CT Medical Descriptors:
 *adverse drug reaction
 *asthma
 *immunosuppressive treatment
 *kaposi sarcoma
 cancer chemotherapy
 cytology
 diagnosis
 histology
 kidney transplantation
 microscopy
 radiotherapy

peripheral vascular system
reticuloendothelial system
blood and hemopoietic system
oral drug administration
etiology
case report
therapy
male genital system
epidemiology
Drug Descriptors:

***beclometasone dipropionate**
*fosfestrol
*orciprenaline
*prednisone
azathioprine
cyclophosphamide
melphalan
prednisolone
triamcinolone

RN (beclometasone dipropionate) 5534-09-8;
(fosfestrol) 4719-75-9, 522-40-7; (orciprenaline) 586-06-1, 5874-97-5;
(prednisone) 53-03-2; (azathioprine) 446-86-6; (cyclophosphamide) 50-18-0;
(melphalan) 148-82-3; (prednisolone) 50-24-8; (triamcinolone) 124-94-7
CN Imuran; Vanceril; Viarex; Stilphostrol; Alkeran;
Alupent; Metaprel

=> => fil biosis

FILE 'BIOSIS' ENTERED AT 09:28:29 ON 07 DEC 2004

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FILE COVERS 1969 TO DATE.

CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 1 December 2004 (20041201/ED)

FILE RELOADED: 19 October 2003.

=> d all tot

L152 ANSWER 1 OF 7 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN

AN 2004:184963 BIOSIS

DN PREV200400181953

TI Oral **Beclomethasone Dipropionate** for treatment of
steroid-refractory acute or chronic gastrointestinal **graft**
-versus-host disease after blood or marrow
transplantation (BMT).

AU Hahn, Theresa [Reprint Author]; Roy, Hilary N. [Reprint Author]; Cooper,
Mary [Reprint Author]; Paplham, Pam [Reprint Author]; Alam, Arif R.
[Reprint Author]; Baer, Maria R. [Reprint Author]; Bambach, Barbara
[Reprint Author]; Chanan-Khan, Asher [Reprint Author]; Czuczman, Myron
[Reprint Author]; Wetzler, Meir [Reprint Author]; Segal, Brahm H. [Reprint
Author]; McCarthy, Philip L. Jr. [Reprint Author]

CS Medicine and Pediatrics, Roswell Park Cancer Institute, Buffalo, NY, USA
SO Blood, (November 16 2003) Vol. 102, No. 11, pp. 446b. print.

Meeting Info.: 45th Annual Meeting of the American Society of Hematology.
San Diego, CA, USA. December 06-09, 2003. American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.

DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)

LA English

ED Entered STN: 7 Apr 2004

Last Updated on STN: 7 Apr 2004

- AB There is no standard therapy for acute (A) or chronic (C) gastrointestinal (GI) **graft-versus-host disease (GVHD)** refractory to frontline immunosuppression. Fifteen patients (pts) with steroid-refractory severe AGVHD or extensive CGVHD with GI involvement were treated with **Beclomethasone Dipropionate (BDP)** under a compassionate exemption protocol from 1998 to 2003. **GVHD** diagnosed before day 100 post BMT was defined as AGVHD (<100 days), after day 100 but clinically consistent with AGVHD was defined as AGVHD (>100 days), after day 100 and clinically consistent with CGVHD was defined as CGVHD. Pt characteristics were: age, median 45, (range 5-53); sex, 10 M, 5 F; donor, 8 related, 7 unrelated; 8 HLA-matched, 7 HLA-mismatched; stem cell source, 6 bone marrow (BM), 4 peripheral blood (PB), 5 cord blood (CB); conditioning regimens: 8 TBI-based, 7 chemotherapy-based; **transplant type**, 12 myeloablative, 3 non-myeloablative; **GVHD prophylaxis**, cyclosporine or tacrolimus ((Immunophilin) (IP))+methotrexate (MTX), n=7, IP+steroids, n=6, IP+MTX+mycophenolate mofetil (MMF), n=1, or IP+OKT3 antibody + steroids, n=1. BDP was administered orally 2 mg, 4 times daily for a planned 28 day course. Patients were either tapered off BDP over 10 days or another cycle was initiated for persistent symptoms or to maintain response to therapy. **GVHD response to BDP** was measured by 6 criteria: appetite, abdominal pain, diarrhea, nausea, vomiting, and weight change defined as loss of greater than 5% from baseline or stabilization of weight after initial loss. Greater than 50% decrease in steroid, IP or MMF doses was also used to quantify BDP response. Of 15 pts, 9 (60%) responded to BDP as measured by improvement or resolution of GI symptoms. Median follow-up times do not include 3 responders still receiving therapy. Responder characteristics were: donor, 5 related, 4 unrelated; 6 HLA-matched, 3 HLA-mismatched; stem cell source, 4 BM, 2 PB, 2 CB. Six (40%) did not respond to BDP therapy. Non-responder characteristics were: donor, 3 related, 3 unrelated; 2 HLA-matched, 4 HLA-mismatched; stem cell source, 2 BM, 2 PB, 2 CB. As given, 7 of 9 responders are alive, 3 on BDP therapy, 4 off therapy without evidence of GI CGVHD, and 2 have died of disease and **GVHD** respectively. Of 6 non-responders, 3 died of infection with **GVHD** and 3 died of **GVHD**. Of 9 responders, 8 had CGVHD and 1 had AGVHD. Of the 6 non-responders, 1 had CGVHD and 5 had AGVHD. BDP is an active agent in the treatment of CGVHD with GI involvement. Multiple courses were necessary to prolong or maintain response. Further investigation will define the role of BDP in the prophylaxis and therapy of CGVHD with GI involvement.
- CC General biology - Symposia, transactions and proceedings 00520
 Biochemistry studies - General 10060
 Biochemistry studies - Proteins, peptides and amino acids 10064
 Biochemistry studies - Sterols and steroids 10067
 Pathology - Therapy 12512
 Digestive system - Pathology 14006
 Blood - Blood and lymph studies 15002
 Blood - Blood cell studies 15004
 Blood - Blood, lymphatic and reticuloendothelial pathologies 15006
 Pharmacology - General 22002
 Pharmacology - Clinical pharmacology 22005
 Pharmacology - Connective tissue, bone and collagen-acting drugs 22012
 Pharmacology - Endocrine system 22016
 Pharmacology - Immunological processes and allergy 22018
 Pediatrics 25000
 Immunology - General and methods 34502
 Immunology - Immunopathology, tissue immunology 34508
 Medical and clinical microbiology - General and methods 36001
- IT Major Concepts
 Clinical Immunology (Human Medicine, Medical Sciences);
 Gastroenterology (Human Medicine, Medical Sciences); Hematology (Human Medicine, Medical Sciences); Pharmacology

IT Parts, Structures, & Systems of Organisms
bone marrow: blood and lymphatics, immune system; cord blood: blood and lymphatics; peripheral blood: blood and lymphatics

IT Diseases
chronic gastrointestinal **graft-versus-host** disease:
digestive system disease, immune system disease, drug therapy, mortality

IT Diseases
infection: infectious disease, mortality
Infection (MeSH)

IT Diseases
steroid-refractory acute gastrointestinal **graft-versus-host** disease: digestive system disease, immune system disease, drug therapy

IT Chemicals & Biochemicals
HLA; OKT3 antibody: immunologic-drug, immunosuppressant-drug;
beclomethasone dipropionate: antiinflammatory-drug, efficacy, oral administration; cyclosporine: antiinflammatory-drug, enzyme inhibitor-drug, immunologic-drug, immunosuppressant-drug; methotrexate [MTX]: antiinflammatory-drug, enzyme inhibitor-drug, immunologic-drug, immunosuppressant-drug; mycophenolate mofetil [MMF]: immunologic-drug, immunosuppressant-drug; steroid: glucocorticoid-drug; tacrolimus [Immunophilin]: immunologic-drug, immunosuppressant-drug

IT Methods & Equipment
TBI therapy [total body irradiation therapy]: clinical techniques, therapeutic and prophylactic techniques; bone marrow **transplantation**: clinical techniques, therapeutic and prophylactic techniques; chemotherapy: clinical techniques, therapeutic and prophylactic techniques; cord blood **transplantation**: clinical techniques, therapeutic and prophylactic techniques; peripheral blood **transplantation**: clinical techniques, therapeutic and prophylactic techniques

ORGN Classifier
Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human (common): adolescent, adult, child, middle age, donor, patient, female, male
Taxa Notes
Animals, Chordates, Humans, Mammals, Primates, Vertebrates

RN **5534-09-8 (beclomethasone dipropionate)**
59865-13-3Q (cyclosporine)
63798-73-2Q (cyclosporine)
59-05-2 (methotrexate)
59-05-2 (MTX)
128794-94-5 (mycophenolate mofetil)
128794-94-5 (MMF)
104987-11-3 (tacrolimus)
104987-11-3 (Immunophilin)

L152 ANSWER 2 OF 7 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN
AN 2002:284220 BIOSIS
DN PREV200200284220
TI Lack of effect of bone marrow **transplantation** on airway hyperresponsiveness in an asthmatic.
AU Iizuka, Kunihiko [Reprint author]; Sakura, Tohru; Yoshii, Akihiro; Miyawaki, Shuichi; Oyama, Tetsunari; Dobashi, Kunio; Nakazawa, Tsugio; Mori, Masatomo
CS First Department of Internal Medicine, Faculty of Medicine, School of Medicine, Gunma University, 3-39-15, Showa-machi, Maebashi, Gunma, 371-8511, Japan
iizukak@sb.gunma-u.ac.jp

SO Allergology International, (March, 2002) Vol. 51, No. 1, pp. 55-59. print.
ISSN: 1323-8930.

DT Article

LA English

ED Entered STN: 8 May 2002
Last Updated on STN: 8 May 2002

AB Bronchial asthma has been recognized as an inflammatory disorder in this past decade. This leads to an assumption that perfect control of inflammatory cells may cure this disease. However, herein we report on an asthmatic whose airway hyperresponsiveness (AHR) did not change after bone marrow **transplantation** (BMT). The concentrations of acetylcholine to produce a 20% fall in forced expiratory volume in 1 s 15 days before and 98 days after BMT were 900 and 480 mug/mL, respectively. Asthma treatment with **beclomethasone dipropionate** and theophylline was continued before and after BMT and a conventional supporting therapy for BMT with cyclosporine A and methylprednisolone, followed by oral administration of tacrolimus hydrate alone inhibited **graft-versus-host** disease. Plasma interleukin (IL)-4, IL-5 and IgE, but not interferon-gamma, levels decreased after BMT. Note that the second measurement of airway sensitivity was performed under systemic administration of tacrolimus. The presented case suggests that replacement of bone marrow-derived inflammatory cells is not enough to reverse once-established AHR. Hence, AHR and airway inflammation may develop independently in some part, but both need to be present for asthma to be present in this asthmatic.

CC Biochemistry studies - Sterols and steroids 10067
Anatomy and Histology - Surgery 11105
Pathology - Therapy 12512
Respiratory system - Pathology 16006
Pharmacology - General 22002
Pharmacology - Clinical pharmacology 22005
Pharmacology - Connective tissue, bone and collagen-acting drugs 22012
Pharmacology - Immunological processes and allergy 22018
Immunology - Immunopathology, tissue immunology 34508
Allergy 35500

IT Major Concepts
Clinical Immunology (Human Medicine, Medical Sciences); Pharmacology;
Pulmonary Medicine (Human Medicine, Medical Sciences); Surgery (Medical Sciences)

IT Diseases
airway hyperresponsiveness: immune system disease, respiratory system disease
Bronchial Hyperreactivity (MeSH)

IT Diseases
asthma: immune system disease, respiratory system disease
Asthma (MeSH)

IT Diseases
graft-versus-host disease: immune system disease
Graft vs Host Disease (MeSH)

IT Chemicals & Biochemicals
beclomethasone dipropionate: antiinflammatory-drug, immunologic-drug

IT Methods & Equipment
bone marrow **transplantation**: surgical method, therapeutic method

IT Miscellaneous Descriptors
peak expiratory flow; Case Study

ORGN Classifier
Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human: male, middle age, patient

Taxa Notes

Animals, Chordates, Humans, Mammals, Primates, Vertebrates

RN 5534-09-8 (beclomethasone dipropionate)

L152 ANSWER 3 OF 7 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN

AN 2001:194006 BIOSIS

DN PREV200100194006

TI Method for preventing tissue damage associated with **graft**
 -versus-**host** or **host-versus-graft** disease
 following **transplantation**.

AU McDonald, George B. [Inventor, Reprint author]

CS Bellevue, WA, USA

ASSIGNEE: Institute for Drug Research, Inc., New York, NY, USA

PI US 6096731 August 01, 2000

SO Official Gazette of the United States Patent and Trademark Office Patents,
 (Aug. 1, 2000) Vol. 1237, No. 1. e-file.

CODEN: OGUPE7. ISSN: 0098-1133.

DT Patent

LA English

ED Entered STN: 20 Apr 2001

Last Updated on STN: 18 Feb 2002

AB A method for preventing tissue damage associated with **graft**
 -versus-**host** disease in a patient having undergone hematopoietic
 cell **transplantation**, and **host-versus-graft**
 disease in a patient having undergone organ allograft
transplantation. The method includes orally administering to the
 patient a prophylactically effective amount of a topically active
 corticosteroid, such as **beclomethasone dipropionate**,
 for a period of time following hematopoietic cell or organ allograft
transplantation, and prior to the presentation of symptoms
 associated with **graft-versus-host** disease or
host-versus-graft disease. Representative tissues
 includes tissue of the intestine and liver, while representative tissue
 damage includes inflammation thereof.

NCL 514169000

CC General biology - Miscellaneous 00532

IT Major Concepts

Clinical Immunology (Human Medicine, Medical Sciences); Pharmacology

IT Diseases

graft-versus-host disease: immune system disease,
 prevention

Graft vs Host Disease (MeSH)

IT Diseases

host-versus-graft disease: immune system disease,
 prevention

IT Chemicals & Biochemicals

topically active corticosteroids: immunologic-drug

IT Methods & Equipment

hematopoietic cell **transplantation**: therapeutic method; organ
 allograft **transplantation**: therapeutic method

L152 ANSWER 4 OF 7 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN

AN 1998:352139 BIOSIS

DN PREV199800352139

TI Oral **beclomethasone dipropionate** for treatment of
 intestinal **graft-versus-host** disease: A randomized,
 controlled trial.

AU McDonald, George B. [Reprint author]; Bouver, Michelle; Hockenbery, David
 M.; Stern, Jean M.; Gooley, Ted; Farrand, Allen; Murakami, Carol; Levine,
 Douglas S.

CS Gastroenterol./Hepatol. Section, Ferd Hutchinson Cancer Res. Cent., 1100
 Fairview Ave. N., P.O. Box 19024, Seattle, WA 98109-1024, USA

SO Gastroenterology, (July, 1998) Vol. 115, No. 1, pp. 28-35. print.

CODEN: GASTAB. ISSN: 0016-5085.

DT Article

LA English

ED Entered STN: 13 Aug 1998

Last Updated on STN: 13 Aug 1998

AB Background and Aims: **Beclomethasone dipropionate**(BDP), a topically active steroid, seemed to be an effective treatment for intestinal **graft-versus-host** disease (GVHD)

in a phase I study. The aim of this study was to compare the effectiveness of oral BDP to that of placebo capsules in treatment of intestinal GVHD. Methods: Sixty patients with anorexia and poor oral intake because of intestinal GVHD were randomized to receive prednisone (1 mg cnddot kg-1 cnddot day-1) plus either oral BDP (8 mg/day) or placebo capsules. Initial responders who were eating at least 70% of caloric needs at evaluation on day 10 continued to take study capsules for an additional 20 days while the prednisone dose was rapidly tapered. The primary end point was the frequency of a durable treatment response at day 30 of treatment. Results: The initial treatment response at day 10 was 22 of 31 (71%) in the BDP/prednisone group vs. 16 of 29 (55%) for the placebo/prednisone group. The durable treatment response at day 30 was 22 of 31 (71%) vs. 12 of 29 (41%), respectively (P = 0.02). Conclusions: The combination of oral BDP capsules and prednisone was more effective than prednisone alone in treating intestinal GVHD. Oral BDP allowed prednisone doses to be rapidly tapered without recurrent intestinal symptoms.

CC Pharmacology - Immunological processes and allergy 22018

Anatomy and Histology - Surgery 11105

Anatomy and Histology - Regeneration and transplantation 11107

Pathology - Therapy 12512

Digestive system - Pathology 14006

Pharmacology - Clinical pharmacology 22005

Pharmacology - Endocrine system 22016

Routes of immunization, infection and therapy 22100

Immunology - Immunopathology, tissue immunology 34508

Biochemistry studies - Sterols and steroids 10067

IT Major Concepts

Clinical Immunology (Human Medicine, Medical Sciences);

Gastroenterology (Human Medicine, Medical Sciences); Pharmacology

IT Diseases

intestinal **graft-vs-host** disease: digestive system disease, immune system disease, treatment

IT Chemicals & Biochemicals

beclomethasone dipropionate: glucocorticoid-drug, immunosuppressant-drug, oral administration

ORGN Classifier

Hominidae 86215

Super Taxa

Primates; Mammalia; Vertebrata; Chordata; Animalia

Organism Name

human: patient

Taxa Notes

Animals, Chordates, Humans, Mammals, Primates, Vertebrates

RN 5534-09-8 (**beclomethasone dipropionate**)

L152 ANSWER 5 OF 7 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN

AN 1997:281065 BIOSIS

DN PREV199799580268

TI A randomized, double-blinded, placebo-controlled study of oral **beclomethasone dipropionate** for treatment of intestinal **graft-vs-host** disease.

AU McDonald, G. B.; Bouvier, M.; Stern, J. G.; Gooley, T.; Farrand, A.; Levine, D. S.

CS Fred Hutchinson Cancer Res. Cent., Univ. Washington, Seattle, WA, USA

SO Gastroenterology, (1997) Vol. 112, No. 4 SUPPL., pp. A1037.
Meeting Info.: Digestive Disease Week and the 97th Annual Meeting of the
American Gastroenterological Association. Washington, D.C., USA. May
11-14, 1997.
CODEN: GASTAB. ISSN: 0016-5085.

DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)

LA English

ED Entered STN: 3 Jul 1997
Last Updated on STN: 3 Jul 1997

CC General biology - Symposia, transactions and proceedings 00520
Anatomy and Histology - Regeneration and transplantation 11107
Digestive system - Pathology 14006
Pharmacology - Clinical pharmacology 22005
Pharmacology - Immunological processes and allergy 22018
Immunology - Immunopathology, tissue immunology 34508

IT Major Concepts
Clinical Endocrinology (Human Medicine, Medical Sciences);
Gastroenterology (Human Medicine, Medical Sciences); Pharmacology;
Physiology

IT Chemicals & Biochemicals
BECLOMETHASONE DIPROPIONATE; BECLOMETHASONE;
PREDNISONE

IT Miscellaneous Descriptors
ALLOGENEIC MARROW **TRANSPLANTATION**; BECLOMETHASONE; CLINICAL
IMMUNOLOGY; COMBINATION THERAPY; DIGESTIVE SYSTEM DISEASE; IMMUNE
SYSTEM DISEASE; IMMUNOSUPPRESSANT-DRUG; INTESTINAL **GRAFT-VS-**
HOST DISEASE; ORAL; PATIENT; PHARMACOLOGY; PREDNISONE;
THERAPEUTIC METHOD

ORGN Classifier
Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human
Taxa Notes
Animals, Chordates, Humans, Mammals, Primates, Vertebrates

RN **5534-09-8 (BECLOMETHASONE DIPROPIONATE)**
4419-39-0 (BECLOMETHASONE)
53-03-2 (PREDNISONE)

L152 ANSWER 6 OF 7 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN

AN 1996:66300 BIOSIS

DN PREV199698638435

TI Oral **beclomethasone dipropionate** for treatment of
human intestinal **graft-versus-host** disease.

AU Baehr, Paul H.; Levine, Douglas S.; Bouvier, Michelle E.; Hockenbery,
David M.; Gooley, Ted A.; Stern, Jean G.; Martin, Paul J.; McDonald,
George B.

CS Gastroenterology/Hepatology Sect., Fred Hutchinson Cancer Res. Center,
1124 Columbia St., Seattle, WA 98104, USA

SO Transplantation (Baltimore), (1995) Vol. 60, No. 11, pp. 1231-1238.
CODEN: TRPLAU. ISSN: 0041-1337.

DT Article

LA English

ED Entered STN: 9 Feb 1996
Last Updated on STN: 10 Feb 1996

AB Intestinal **graft-versus-host** disease (GVHD)
causes anorexia, vomiting, abdominal pain, and diarrhea. We investigated
oral **beclomethasone dipropionate** (BDP), a potent,
topically active corticosteroid, as therapy for this disease. Forty-two
allogeneic marrow-**graft** recipients with biopsy-proven intestinal
graft-versus-host disease of mild-to-moderate severity

received BDP (8 mg daily) for up to 28 days. Weekly symptom scores, oral intake, and surveillance throat and stool cultures were compared with baseline values. Adrenal testing was performed serially in patients not receiving concurrent prednisone. Improvement was seen in appetite (P lt 0.001), oral intake (P lt 0.001), nausea (P=0.013), and diarrhea (P=0.02) over the course of therapy, and an overall beneficial response was observed in 72% of 40 evaluable patients. Surveillance cultures of throat and stool showed no increase in bacterial or fungal colonization over time. The adrenal axis became suppressed in 11 of 20 evaluable patients (55%) but suppression was not a prerequisite for clinical response, as 6 of 9 patients who retained normal adrenal function improved clinically. We conclude that oral BDP is a safe and effective treatment for mild-to-moderate intestinal **graft-versus-host** disease. Systemic absorption probably occurs, but adrenal suppression is not a prerequisite for clinical efficacy, suggesting that the biological effect is primarily topical. BDP should be further investigated as a topical therapy for intestinal **GVHD**.

CC Biochemistry studies - General 10060
 Anatomy and Histology - Surgery 11105
 Anatomy and Histology - Regeneration and transplantation 11107
 Pathology - Therapy 12512
 Digestive system - Pathology 14006
 Pharmacology - Clinical pharmacology 22005
 Pharmacology - Immunological processes and allergy 22018
 Immunology - Immunopathology, tissue immunology 34508

IT Major Concepts
 Biochemistry and Molecular Biophysics; Clinical Endocrinology (Human Medicine, Medical Sciences); Gastroenterology (Human Medicine, Medical Sciences); Pharmacology; Physiology; Surgery (Medical Sciences)

IT Chemicals & Biochemicals
BECLOMETHASONE DIPROPIONATE

IT Miscellaneous Descriptors
BECLOMETHASONE DIPROPIONATE; IMMUNOSUPPRESSANT-DRUG

ORGN Classifier
 Hominidae 86215
 Super Taxa
 Primates; Mammalia; Vertebrata; Chordata; Animalia
 Organism Name
 Hominidae
 Taxa Notes
 Animals, Chordates, Humans, Mammals, Primates, Vertebrates

RN 5534-09-8 (**BECLOMETHASONE DIPROPIONATE**)

L152 ANSWER 7 OF 7 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN
 AN 1993:413772 BIOSIS
 DN PREV199396079497
 TI Steroid sparing effect of nedocromil sodium in asthmatic patients on high doses of inhaled steroids.
 AU Wong, C. S.; Cooper, S.; Britton, J. R.; Tattersfield, A. E. [Reprint author]
 CS Respiratory Med. Unit, City Hosp., Hucknall Road, Nottingham NG5 1PB, UK
 SO Clinical and Experimental Allergy, (1993) Vol. 23, No. 5, pp. 370-376.
 ISSN: 0954-7894.
 DT Article
 LA English
 ED Entered STN: 8 Sep 1993
 Last Updated on STN: 9 Sep 1993
 AB Nedocromil sodium is a non-steroidal prophylactic agent developed for the management of asthma. We have assessed the steroid sparing potential of inhaled nedocromil sodium 4 mg four times daily in a randomized, double blind, placebo controlled study in 69 asthmatic subjects controlled on inhaled **beclomethasone dipropionate** in the dose range 1000-2000 mu-g daily. Following a 4 week run-in period subjects added

nedocromil sodium or placebo by metered dose inhaler to their usual medication for a further 4 weeks. The dose of inhaled steroid was then reduced at fortnightly intervals according to a predetermined schedule, with monitoring of asthma severity, symptom scores, bronchodilator use and peak flow recordings. Sixty subjects entered the steroid reduction phase and achieved median (range) % decreases in steroid dose of 80 (17-100)% with nedocromil sodium compared to 65 (0-100)% with placebo (P=0.34) with 14 patients in the nedocromil sodium group and 10 in the placebo group being withdrawn completely from inhaled steroids. Subjective global assessment scores were significantly better with nedocromil sodium (mean 2.14) than with placebo (2.93; P lt 0.02) though there was no difference between individual daily symptom scores. In this study therefore in asthmatic patients controlled on high doses of inhaled steroids, nedocromil sodium was well tolerated but the small differences in steroid sparing effect between nedocromil and placebo were not statistically significant.

CC Biochemistry studies - General 10060
 Biochemistry studies - Sterols and steroids 10067
 Pathology - Therapy 12512
 Respiratory system - General and methods 16001
 Respiratory system - Pathology 16006
 Pharmacology - Clinical pharmacology 22005
 Pharmacology - Immunological processes and allergy 22018
 Pharmacology - Respiratory system 22030
 Routes of immunization, infection and therapy 22100
 Immunology - Immunopathology, tissue immunology 34508
 Allergy 35500
 IT Major Concepts
 Allergy (Clinical Immunology, Human Medicine, Medical Sciences);
 Clinical Endocrinology (Human Medicine, Medical Sciences);
 Pharmacology; Pulmonary Medicine (Human Medicine, Medical Sciences);
 Respiratory System (Respiration)
 IT Chemicals & Biochemicals
 NEDOCROMIL SODIUM; **BECLOMETHASONE DIPROPIONATE**
 IT Miscellaneous Descriptors
 GASTROINTESTINAL-DRUG; HEPATIC REGENERATION; HEPATOCYTE DNA CONTENT;
 IMMUNOSUPPRESSANT-DRUG; **TRANSPLANTATION**
 ORGN Classifier
 Hominidae 86215
 Super Taxa
 Primates; Mammalia; Vertebrata; Chordata; Animalia
 Organism Name
 Hominidae
 Taxa Notes
 Animals, Chordates, Humans, Mammals, Primates, Vertebrates
 RN 69049-74-7 (NEDOCROMIL SODIUM)
 5534-09-8 (**BECLOMETHASONE DIPROPIONATE**)

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MOST RECENT DERWENT UPDATE: 200478 <200478/DW>

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=> d all abeq tech abex tot

L170 ANSWER 1 OF 6 WPIX COPYRIGHT 2004 THE THOMSON CORP on STN

AN 2004-120887 [12] WPIX

CR 2002-590262 [63]

DNC C2004-048558

TI Use of corticosteroid in treatment of patient for tissue damage following
hematopoietic cell transplantation having graft-versus-host disease or
following organ allograft transplantation having host-versus-graft
disease.

DC B01

IN MCDONALD, G B

PA (ENTE-N) ENTERON PHARM INC

CYC 1

PI US 2004006053 A1 20040108 (200412)* 4 A61K031-573

ADT US 2004006053 A1 Provisional US 2000-233194P 20000915, Cont of US
2001-753814 20010103, US 2003-613788 20030703

PRAI US 2000-233194P 20000915; US 2001-753814 20010103;
US 2003-613788 20030703

IC ICM A61K031-573

AB US2004006053 A UPAB: 20040218

NOVELTY - Treatment of patient following hematopoietic cell
transplantation having graft-versus-host disease (GVHD) or following organ
allograft transplantation having host-versus-graft disease (HVGD) involves
administration of corticosteroid.

ACTIVITY - Antiinflammatory; Antipyretic; Analgesic; Antiemetic;
Antidiarrheic; Hemostatic; Hepatotropic.

MECHANISM OF ACTION - None given.

USE - For treatment of patient (preferably a recipient of HLA
mismatched hematopoietic stem cells, especially unrelated donor
hematopoietic stem cells, umbilical vein hematopoietic stem cells or
peripheral blood stem cells) having tissue (such as intestinal mucosa,
small bile ducts in the liver) damage (such as inflammation to destruction
of the mucosa of the intestine e.g. fever, abdominal pain, nausea,
vomiting, diarrhea, intestinal bleeding and jaundice) requiring long-term
therapy following hematopoietic cell transplantation having
graft-versus-host disease (GVHD) or following organ allograft
transplantation having host-versus-graft disease (HVGD).

ADVANTAGE - The treatment can be followed for a long period of time.
The corticosteroid dissolves in stomach, small intestine or colon. The
process controls severity of symptoms of GVHD without having systemic
exposure to steroid toxicity.

Dwg.0/0

FS CPI

FA AB; DCN

MC CPI: B01-B01; B01-B02; B01-B03; B14-C01; B14-C03; B14-C04; B14-E02;
B14-E05; B14-F08; B14-N12

TECH UPTX: 20040218
TECHNOLOGY FOCUS - PHARMACEUTICALS - Preferred Process: The corticosteroid is administered in combination with either prednisone or prednisolone (2 mg/kg) or prophylactic agents. The treatment initiates following hematopoietic cell transplantation (preferably by infusion). The treatment ceases after 80 days following infusion.

ABEX UPTX: 20040218
SPECIFIC COMPOUNDS - **Beclomethasone dipropionate**, alclometasone dipropionate, busedonide, 22S busedonide, beclomethasone-17-monopropionate, clobetasol propionate, diflorasone diacetate, flunisolide, flurandrenlide, fluticasone propionate, halobetasol propionate, halcinocide, mometasone furoate and triamcinalone acetonide are specifically claimed as the corticosteroid.

ADMINISTRATION - The composition is administered orally in a dosage of 4 - 12 mg/day, from day 29 - 56 following hematopoietic cell transplantation, in form of pill, emulsion, microsphere or capsule (claimed).

L170 ANSWER 2 OF 6 WPIX COPYRIGHT 2004 THE THOMSON CORP on STN

AN 2003-521632 [49] WPIX

DNC C2003-140097

TI Method of treating cancer by controlling graft-versus leukemia reaction following hematopoietic cell transplantation, using an oral topically active corticosteroid.

DC B01 B04 D16

IN **MCDONALD, G B; STERGIPOULOS, N**

PA (MCDO-I) MCDONALD G B; (STER-I) STERGIPOULOS N

CYC 1

PI US 2003032631 A1 20030213 (200349)* 5 A61K031-56 <--

ADT US 2003032631 A1 **US 2001-928890 20010813**

PRAI **US 2001-928890 20010813**

IC ICM A61K031-56

AB US2003032631 A UPAB: 20030731

NOVELTY - A method of treating cancer by controlling graft versus-leukemia reaction following hematopoietic cell transplantation, preventing or reducing graft-versus-host disease, using an oral corticosteroid, is new.

DETAILED DESCRIPTION - A method of treating cancer comprises controlling graft-versus-leukemia (GVL) reaction following an allogeneic hematopoietic cell transplant, by administering an oral corticosteroid, preventing or reducing graft-versus-host disease (GVHD), while maintaining GVL reaction effective to eliminate or reduce the number of cancer cells in the blood.

An INDEPENDENT CLAIM is included for a method of treating a patient who has received an organ allograft transplant, comprising administering an oral corticosteroid to prevent or reduce symptoms of host-versus-graft disease.

ACTIVITY - Cytostatic; Immunosuppressive.

No details of tests are given.

MECHANISM OF ACTION - None given in the source material.

USE - For treating cancer following hematopoietic cell transplantation, e.g. an allogeneic bone marrow transplant or allogeneic blood transplant, preventing or reducing GVHD; or treating a patient who has received an organ allograft transplant.

ADVANTAGE - Oral administration of the corticosteroid ensures that it has little systemic availability, but high topical activity on intestinal and/or liver tissue. By commencing treatment immediately following transplantation, tissue damage associated with subsequent onset of GVHD is reduced.

Dwg. 0/0

FS CPI

FA AB; DCN

MC CPI: B01-B01; B01-B02; B01-B03; B01-C02; B02-C01; B04-G06; B04-G21; B06-D09; B06-E05; **B14-G02C; B14-H01A**; D05-H11A

TECH

UPTX: 20030731

TECHNOLOGY FOCUS - PHARMACEUTICALS - Preferred Compounds: The corticosteroid is **beclomethasone-17,21-dipropionate**; alclometasone dipropionate; busedonide; 22S busedonide; 22R busedonide; beclomethasone-17-monopropionate; clobetasol propionate; diflorasone diacetate; flunisolide; flurandrenolide; fluticasone propionate; halobetasol propionate; halcinocide; mometasone furoate; or triamcinalone acetonide.

Preferred Formulation: The corticosteroid is formulated for oral administration as a pill, tablet, capsule or microsphere, for dissolution in the stomach, small intestine or colon; or as an emulsion. Preferred Method: The corticosteroid may be administered in combination with prednisone, prednisolone, cyclosporine, methotrexate, tacrolimus, anti-lymphocyte globulin, anti-T-cell monoclonal antibodies, and/or anti-T-cell immunotoxins.

ABEX

UPTX: 20030731

ADMINISTRATION - The corticosteroid is administered orally at a dosage of 0.1-8 (preferably 2-4) mg/day, from day 1 to day 80 following hematopoietic cell transplantation. It may be administered in combination with e.g. prednisone or prednisolone at 1 mg/kg/day.

L170 ANSWER 3 OF 6 WPIX COPYRIGHT 2004 THE THOMSON CORP on STN

AN 2002-682981 [73] WPIX

DNC C2002-192796

TI Treatment of inflammatory bowel disease involves use of corticosteroids or their salts in separate dosage form.

DC B01 B07

IN MCDONALD, G B; STERGIPOPOULOS, N; MCDONALD, B G

PA (DORB-N) DOR BIOPHARMA INC; (ENTE-N) ENTERON PHARM INC

CYC 101

PI WO 2002074316 A1 20020926 (200273)* EN 40 A61K031-573

RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ
NL OA PT SD SE SL SZ TR TZ UG ZM ZW

W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK
DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR
KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT
RO RU SD SE SG SI SK SL TJ TM TN TR TT TZ UA UG UZ VN YU ZA ZM ZW

US 2003055028 A1 20030320 (200323) A61K031-573

EP 1392321 A1 20040303 (200417) EN A61K031-573

R: AL AT BE CH CY DE DK ES FI FR GB GR IE IT LI LT LU LV MC MK NL PT
RO SE SI TR

AU 2002254205 A1 20021003 (200432) A61K031-573

ADT WO 2002074316 A1 WO 2002-US7676 20020315; US 2003055028 A1 Provisional US
2001-276013P 20010315, US 2002-98968 20020315; EP 1392321 A1 EP
2002-723424 20020315, WO 2002-US7676 20020315; AU 2002254205 A1 AU
2002-254205 20020315

FDT EP 1392321 A1 Based on WO 2002074316; AU 2002254205 A1 Based on WO
2002074316

PRAI US 2001-276013P 20010315; US 2002-98968 20020315

IC ICM A61K031-573

ICS A61K009-107; A61K009-16; A61K009-20; A61K009-30; A61K009-48;
A61P001-00; A61P001-12

AB WO 200274316 A UPAB: 20021113

NOVELTY - Treatment of inflammatory bowel disease involves administration of at least two separate dosage forms of a topically active corticosteroid or its active salt.

DETAILED DESCRIPTION - An INDEPENDENT CLAIM is also included for a kit comprising at least two separate dosage forms of a topically active corticosteroid or its active salt in a container.

ACTIVITY - Antiinflammatory; Gastrointestinal-Gen.; Antiulcer. No biological test data provided.

MECHANISM OF ACTION - None given.

USE - In the treatment of inflammatory bowel disease (claimed).

Disorders of the gastrointestinal tract e.g. ulcerative colitis, proctitis, sigmoiditis, pan-colitis or Crohn's disease.

ADVANTAGE - The formulation coat the surface of the intestinal mucosa with a high local concentration of the drug, inhibit traversal of the drug across the intestinal mucosal into the systematic circulation, and show fewer side effects.

Dwg.0/2

FS CPI

FA AB; DCN

MC CPI: B01-B02; B01-B03; B04-C01; B04-C02; B04-C03B; B04-C03C; B06-D09; B12-M10; B12-M11B; B14-E08; B14-E10C; B14-G02

TECH UPTX: 20021113

TECHNOLOGY FOCUS - PHARMACEUTICALS - Preferred Method: The method further involves administration of prednisone or prednisolone. At least one oral dosage form is formulated in the form of a tablet, pill, capsule, microsphere, an immediate release tablet, an enterically coated dosage form, an emulsion (preferably at least one is gelcapsule and the other is enteric coated gel capsule) to dissolve in the stomach, small intestine or colon. The two different dosages are combined into a single formulation form. The single formulation additionally contains an immunosuppresant, cyclosporin A, methotrexate, azathioprine or its derivative or polymeric microsphere. The single formulation is formulated in a polymeric hydrogel form.

TECHNOLOGY FOCUS - POLYMERS - The polymeric microsphere is polyalkylene oxide homopolymers, polyethylene glycols, polypropylene glycols, polyoxyethylenated polyols, polyols, polyimines, polypeptides, polyglutamic acid, polylysine, polyaspartic acid, polyacid esters, polyacrylic acid, alginate, hyaluronic acid, chitosan, carboxymethyl cellulose, hydroxypropylmethyl cellulose, oligosaccharides, polysaccharides, carageenan or its salt, dextran, deacetylated chitosan, gelatin, block co-polymers, block copolymers of polyoxyethylene or polyoxypropylene, methoxy-PEG, methoxy-PEG amine, polyacrylyl amides, polyvinyl pyrrolidones or polyvinyl alcohols.

ABEX UPTX: 20021113

SPECIFIC COMPOUNDS - **Beclomethasone dipropionate**, **beclomethasone 17,21-dipropionate** or beclomethasone-17-valerate, alclometasone dipropionate, busedonide, 22S busesonide, 22R busesonide, beclomethasone-17-monopropionate, clobetasol propionate, diflorasone diacetate, flunisolide, fluticasone propionate, halobetasol propionate, halcinocide, mometasone furoate and triamcinalone acetone are specifically claimed as the corticosteroid.

ADMINISTRATION - Dosage comprises 0.1 - 8 (preferably 2 - 4) mg/day. The formulations are administered orally.

EXAMPLE - Enteric coated tablets (A) were prepared using the following ingredients (mg/tablet): for core tablet: **beclomethasone dipropionate** (BDP) (1), lactose (153), microcrystalline cellulose (40), povidone (4) and magnesium stearate (1). The coating comprised methacrylic acid copolymer (11.4), triethyl citrate (1.7), Polysorbate 80 (0.025), silicon dioxide (0.91) and sodium hydroxide (0.03). Immediate release tablets (B) were prepared using the same ingredients as used for the core tablet of (A). BDP Pharmacokinetic parameters after oral administration of (A+B) (3mg + 3mg) showed 20% greater bioavailability.

L170 ANSWER 4 OF 6 WPIX COPYRIGHT 2004 THE THOMSON CORP on STN

AN 2002-590262 [63] WPIX

CR 2004-120887 [12]

DNC C2002-166809

TI Long-term therapy of graft versus host disease comprises topical administration of corticosteroids.

DC B01

IN MCDONALD, G B; STERGIOPOULOS, N
 PA (MCDO-I) MCDONALD G B; (STER-I) STERGIOPOULOS N
 CYC 1
 PI US 2002086857 A1 20020704 (200263)* 4 A61K031-573
 ADT US 2002086857 A1 Provisional US 2000-233194P 20000915, US 2001-753814
 20010103
 PRAI US 2000-233194P 20000915; US 2001-753814 20010103
 IC ICM A61K031-573
 AB US2002086857 A UPAB: 20040218
 NOVELTY - Long term therapy for patients having graft-versus-host disease following hematopoietic cell transplantation or organ allograft transplantation comprises topical oral administration of a corticosteroid (I).

ACTIVITY - Immunosuppressive; Gastrointestinal; Antiinflammatory; Hepatotropic.

MECHANISM OF ACTION - None given.

USE - The method is useful for the long-term treatment of graft versus host disease, particularly intestinal or gastrointestinal graft versus host disease. The method is useful where the patient has tissue damage to the intestinal mucosa (preferably destruction of intestinal mucosa) or small bile ducts in the liver or inflammation. The method is useful in patients who have received HLA-mismatched hematopoietic stem cells, unrelated hematopoietic stem cells, umbilical vein hematopoietic stem cells or peripheral blood stem cells.

Dwg.0/0

FS CPI

FA AB; DCN

MC CPI: B01-B03; B14-E10C; B14-G02C

TECH UPTX: 20021001

TECHNOLOGY FOCUS - PHARMACEUTICALS - Preferred Method: (I) Is formulated as a pill, capsule or microsphere, which preferably dissolves in the stomach, small intestine or colon or if formulated as an emulsion. (I) is administered in combination with other prophylactic agents. (I) Is **beclomethasone dipropionate**, alclometasone dipropionate, budesonide, 22S budesonide, 22R budesonide, beclomethasone-17-monopropionate, chlobetasol propionate, diflorasone diacetate, flunisolide, flurandrenolide, fluticasone propionate, halobetasol propionate, halcinocide, mometasone furoate or triamcinalone acetonide.

ABEX UPTX: 20021001

ADMINISTRATION - Administration of (I) is 4-12 mg/day orally, preferably from day 29-56 following hematopoietic cell transplantation. Alternatively, (I) is administered following infusion of the hematopoietic cells and ceases after 80 days. (I) May be administered in combination with 2 mg/kg prednisone or prednisolone.

EXAMPLE - None given.

L170 ANSWER 5 OF 6 WPIX COPYRIGHT 2004 THE THOMSON CORP on STN

AN 2000-523893 [47] WPIX

DNC C2000-155573

TI Prevention of tissue damage associated with graft-versus-host disease following hematopoietic cell, intestinal or liver transplantation comprises oral administration of topically active corticosteroid e.g. **beclomethasone dipropionate**.

DC B01

IN MCDONALD, G B

PA (DRUG-N) INST DRUG RES INC; (ENTE-N) ENTERON PHARM INC

CYC 91

PI US 6096731 A 20000801 (200047)* 5 A61K031-58

WO 2001089529 A1 20011129 (200202)# EN A61K031-56

RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ
 NL OA PT SD SE SL SZ TZ UG ZW

W: AE AL AM AT AU AZ BA BB BG BR BY CA CH CN CR CU CZ DE DK DM EE ES

FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS
 LT LU LV MA MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL
 TJ TM TR TT TZ UA UG UZ VN YU ZA ZW

AU 2000050389 A 20011203 (200221)# A61K031-56

ADT US 6096731 A CIP of US 1998-103762 19980624, US 1998-151388 19980910; WO
 2001089529 A1 WO 2000-US14064 20000522; AU 2000050389 A AU 2000-50389
 20000522, WO 2000-US14064 20000522

FDT AU 2000050389 A Based on WO 2001089529

PRAI US 1998-151388 19980910; US 1998-103762 19980624;

WO 2000-US14064 20000522; AU 2000-50389 20000522

IC ICM A61K031-56; A61K031-58

ICS A01N045-00

AB US 6096731 A UPAB: 20000925

NOVELTY - Prevention of tissue damage associated with graft-versus-host disease (GVHD) in a patient having undergone hematopoietic cell transplantation comprises oral administration of a topically active corticosteroid (I) prior to presentation of symptoms.

DETAILED DESCRIPTION - INDEPENDENT CLAIMS are included for:

(i) prevention of intestinal inflammation associated with intestinal (GVHD) in a patient having undergone hematopoietic cell transplantation comprising oral administration of **beclomethasone dipropionate**; and

(ii) prevention of tissue damage associated with host-versus-graft disease in a patient having undergone intestinal or liver transplantation comprising oral administration of (I).

ACTIVITY - Immunosuppressive; hepatotropic; antiinflammatory.

MECHANISM OF ACTION - None given.

USE - The method is useful for preventing tissue damage (especially inflammation of the intestinal mucosa or small bile ducts or destruction of the intestinal mucosa) associated with (GVHD) following hematopoietic cell transplantation (especially of HLA-mismatched hematopoietic cells, unrelated donor hematopoietic stem cells, umbilical vein hematopoietic stem cells or peripheral blood stem cells) (all claimed). The method is also useful following intestinal or liver transplantation.

Dwg.0/0

FS CPI

FA AB; DCN

MC CPI: B01-B02; B01-B03; B01-C02; B12-M03; B12-M10B; B12-M11B; B12-M11C;
 B14-C03; **B14-G02C**; B14-N12

TECH UPTX: 20000925

TECHNOLOGY FOCUS - PHARMACEUTICALS - Preferred Composition: The dose is preferably delivered in a pill, microsphere or capsule designed to dissolve in the stomach, small intestine or colon and may include other prophylactic agents. Preferred Drugs: (I) is preferably **beclomethasone dipropionate**, alclometasone dipropionate, busedonide, 22S busedonide, 22R budesonide, beclomethasone-17-monopropionate, clobetasol propionate, diflorasone diacetate, flunisolide, flurandrenolide, fluticasone propionate, halobetasol propionate, halcinocide, mometasone furoate or triamcinalone acetonide.

ABEX UPTX: 20000925

ADMINISTRATION - Orally at 4 to 12 mg/day for up to 80 days following infusion of the hematopoietic cells.

EXAMPLE - A patient with an underlying disease was treated for that disease with a form of therapy that included intravenous infusion of hematopoietic cells from an allogenic donor. Within two days of infusion, the patient took orally, medication in the form of eight capsules per day, each containing 1 mg **beclomethasone dipropionate**.

Half the capsules were plain gelatin capsules which dissolve in acidic stomach fluid and the rest were gelatin capsules coated with a material that dissolves in the alkaline fluid of the small intestine and/or colon. The medication was taken for 80 days, then four capsules were taken daily for the next 7 days, two capsules per day for the next seven days, then the treatment was discontinued.

L170 ANSWER 6 OF 6 WPIX COPYRIGHT 2004 THE THOMSON CORP on STN
 AN 1988-033939 [05] WPIX
 DNC C1988-015381
 TI Rejection retarder for transplant - comprises fatty emulsion containing steroid having immunosuppressive activity e.g. paramethasone.
 DC B01
 PA (GREC) GREEN CROSS CORP
 CYC 1
 PI JP 62294617 A 19871222 (198805)* 7
 JP 07094395 B2 19951011 (199545) 5 A61K031-56
 ADT JP 62294617 A JP 1986-138120 19860616; JP 07094395 B2 JP 1986-138120 19860616
 FDT JP 07094395 B2 Based on JP 62294617
 PRAI JP 1986-138120 19860616
 IC A61K031-56; C07J005-00; C07J007-00; C07J009-00
 ICM A61K031-56
 ICS A61K009-107; C07J005-00; C07J007-00; C07J009-00
 AB JP 62294617 A UPAB: 19930923
 The rejection retarder is a fatty emulsion containing a steroid having an immunosuppressive activity.
 Specifically, the steroid includes methylprednisolone, paramethazone, flurandrenolone, fluocinolone acetonide, beclomethasone propionate, hydrocortisone 6-22C fatty acid ester, prednisolone 6-22C fatty acid ester, dexamethasone 6-22C fatty acid ester, triamcinolone 6-22C fatty acid ester, paramethasone 6-22C fatty acid ester, belcomethasone 6-22C fatty acid ester, and fluoromesolone 6-22C fatty acid ester.
 USE/ADVANTAGE - The rejection retarder can inhibit the immune response from the recognition of the interplant antigen to the breakage of the interplant for the purpose of the take of the interplant in skin, organs, etc..
 0/0
 FS CPI
 FA AB; DCN
 MC CPI: B01-B02; B01-C02; B04-B01B; B04-B01C1; B05-B01P; B10-C04E; B10-E04D; B12-D02B; B12-M03

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(FILE 'HOME' ENTERED AT 07:58:06 ON 07 DEC 2004)
 SET COST OFF

FILE 'HCAPLUS' ENTERED AT 07:58:15 ON 07 DEC 2004

L1 1 S US20030032631/PN OR US2001-928890#/AP,PRN
 E MCDONALD G/AU
 L2 40 S E3,E5
 L3 45 S E37,E39
 E MC DONALD G/AU
 E STERGIOPOULOS N/AU
 L4 5 S E4,E5
 E ENTERON/PA,CS
 L5 3 S E3-E16
 SEL RN L1

FILE 'REGISTRY' ENTERED AT 08:00:15 ON 07 DEC 2004

L6 20 S E1-E20
 L7 1 S 5534-09-8
 L8 14 S 66734-13-2 OR 51333-22-3 OR 5534-18-9 OR 25122-46-7 OR 33564-
 L9 37 S 5534-09-8/CRN
 L10 60 S (66734-13-2 OR 51333-22-3 OR 5534-18-9 OR 25122-46-7 OR 33564
 L11 2 S 50-24-8 OR 53-03-2
 L12 3 S 59-05-2 OR 59865-13-3 OR 104987-11-3

FILE 'HCAPLUS' ENTERED AT 08:11:18 ON 07 DEC 2004

L13 973 S L7
 L14 46 S (BECLOMETHASONE OR BECLOMETASONE) () (17 21 OR 17ALPHA 21 OR 17
 L15 971 S (BECLOMETHASONE OR BECLOMETASONE) () DIPROPIONATE
 L16 41 S AEROBEC OR ALDECIN OR ANCERON OR ANDION OR BECLACIN OR BECLA
 L17 42 S KORBUTONE OR PROPADERM OR QVAR OR RINO CLENIL OR SANASTHMAX O
 L18 1110 S L13-L17
 L19 39 S L9
 L20 1115 S L18,L19
 L21 4663 S L8
 L22 2816 S ALCLOMETASONE DIPROPIONATE OR BUDESONIDE OR BECLOMETHASONE 17
 L23 96 S L10
 L24 4950 S L21-L23
 E CORTICOSTEROID/CT
 L25 28387 S E23,E24,E25,E26,E28,E29,E30,E32,E33
 E E16+ALL
 L26 34781 S E5
 L27 34781 S L25,L26
 E TRANSPLANT/CT
 L28 494 S E3

FILE 'HCAPLUS' ENTERED AT 08:38:17 ON 07 DEC 2004

L29 35903 S E5-E25
 L30 22445 S E26-E50
 L31 16867 S E51-E75
 E E5+ALL
 L32 7721 S E7-E16
 L33 35971 S E6+NT
 E E43+ALL
 L34 6949 S E2
 E GRAFT/CT
 E GRAFT-V/CT
 L35 18 S E4-E10
 E E5+ALL
 L36 3706 S E1,E2
 L37 461 S GVL# OR GRAFT? (1W) (LEUKEM? OR LAEUKEM? OR LEUCEM? OR LAEUCEM?
 L38 461 S GVL# OR GRAFT? (1W) (LEUKEM? OR LEUCEM?)
 L39 5748 S GVH# OR GRAFT? (1W) HOST() (DISEASE OR DIORDER OR REACTION OR SY
 L40 19 S L20 AND L28-L39
 L41 55 S L24 AND L28-L39
 L42 479 S L27 AND L28-L39
 L43 57 S L40,L41
 E LEUKEMIA/CT
 L44 41325 S E3-E72
 E E3+ALL
 L45 40018 S E14,E13+NT
 L46 2279 S E19+OLD,NT OR E20+OLD,NT
 L47 66143 S E13/OBI
 L48 261 S E14/OBI
 E MULTIPLE MYELOMA/CT
 E E3+ALL
 L49 7554 S E8-E11,E7
 L50 4607 S E7/OBI
 L51 9833 S E8/OBI OR E10/OBI OR E11/OBI
 E LYMPHOMA/CT
 L52 15619 S E3-E28
 E E3+ALL
 L53 18336 S E9,E8+NT
 L54 21496 S E8/OBI OR E9/OBI
 L55 16 S L43 AND L44-L54
 L56 46 S L42 AND L44-L54
 L57 57 S L43,L55

L58 479 S L42,L56
 L59 113 S L57,L58 AND L11
 L60 120 S L57,L58 AND (PREDNISONE OR PREDNISOLONE)
 L61 280 S L57,L58 AND L12
 L62 303 S L57,L58 AND (CYCLOSPORIN# OR METHOTREXATE OR METOTREXATE OR T
 L63 8 S L57,L58 AND (ANTILYMPHOCYT? OR ANTI LYMPHOCYT?) () GLOBULIN
 L64 2 S L57,L58 AND (MAB OR MOAB OR MONOCLON? (L) ANTIBOD?) (L) ANTI T CE
 L65 9 S L57,L58 AND (MAB OR MOAB OR MONOCLON? (L) ANTIBOD?) (L) IMMUNOTOX
 L66 2 S L57,L58 AND ANTI T CELL (L) IMMUNOTOXIN?
 L67 7 S L57,L58 AND T CELL (L) IMMUNOTOXIN?
 L68 16 S L59-L67 AND L20
 L69 19 S L40,L68
 L70 13 S L20 AND L44-L54
 L71 22 S L69,L70
 L72 5 S L71 AND L1-L5
 L73 22 S L71,L72
 L74 15 S L73 AND (PD<=20010813 OR PRD<=20010813 OR AD<=20010813)
 L75 15 S L72,L74
 L76 7 S L73 NOT L75
 L77 10 S L75 NOT L72
 L78 6 S L77 AND ?TRANSPLANT? (L) REJECT?
 SEL DN AN 6
 L79 1 S L78 AND E1-E3
 E HEMATOPO/CT
 L80 32600 S E4-E95
 L81 16 S E97-E98
 E E49+ALL
 L82 27506 S E11,E10+NT
 E E9+ALL
 L83 32408 S E3,E2+NT
 L84 3 S L20 AND L80-L83
 L85 1 S L84 NOT L72,L79
 L86 2 S L84 NOT L85
 L87 6 S L72,L79,L86 AND L1-L5,L13-L86

FILE 'REGISTRY' ENTERED AT 09:06:58 ON 07 DEC 2004

FILE 'HCAPLUS' ENTERED AT 09:07:10 ON 07 DEC 2004

FILE 'CANCERLIT' ENTERED AT 09:07:20 ON 07 DEC 2004

L88 0 S L7 OR L9
 L89 64 S L14 OR L15 OR L16 OR L17
 L90 61 S L89 AND PY<=2001
 E LEUKEMIA/CT
 L91 95503 S E3+NT
 E MYELOMA/CT
 L92 1117 S E4+NT
 E MULTIPLE MYELOMA/CT
 L93 11417 S E3+NT
 E LYMPHOMA/CT
 L94 84051 S E3+NT
 L95 0 S L90 AND L91-L94
 L96 0 S TR/CT AND L90
 E TRANSPLANTATION/CT
 L97 0 S E3+NT AND L90
 L98 0 S E12+NT AND L90
 L99 0 S E23+NT AND L90
 L100 0 S E31+NT AND L90
 E GRAFT-V/CT
 E E9+ALL
 L101 0 S E2+NT AND L90
 E E2+ALL
 L102 0 S E24+NT AND L90

FILE 'MEDLINE' ENTERED AT 09:10:31 ON 07 DEC 2004

L103 9 S L88
 L104 1522 S L89
 L105 1526 S L103,L104
 E GRAFT-V/CT
 E E9+ALL
 E E2+ALL
 L106 2 S L105 AND E3+NT
 L107 0 S L105 AND E23+NT
 E LEUKEMIA/CT
 L108 0 S L105 AND E3+NT
 E E3+ALL
 E LYMPHOMA/CT
 E MYELOMA/CT
 L109 0 S L105 AND E4+NT
 E MULTIPLE MYELOMA/CT
 E E3+ALL
 L110 0 S L105 AND E29+NT
 E LYMPHOMA/CT
 L111 0 S L105 AND E3+NT
 L112 7 S L105 AND C4./CT
 L113 9 S L106,L112
 L114 2 S L113 AND (GVH# OR GVL# OR GRAFT?(L) (HOST? OR LEUKEM? OR LEUCE

FILE 'MEDLINE' ENTERED AT 09:15:00 ON 07 DEC 2004

 E BECLOMETHASONE/CT
 E E3+ALL
 L115 2231 S E34
 L116 2231 S E34/CN
 L117 2231 S L115,L116
 L118 16 S L117 AND C4./CT
 L119 1 S L117 AND (LEUKEMIA+NT OR MULTIPLE MYELOMA+NT OR LYMPHOMA+NT)/
 L120 0 S L118,L119 AND (GVH# OR GVL# OR GRAFT?(L) (HOST? OR LEUKEM? OR
 L121 0 S L118,L119 AND (TR OR TRANSPLANTATION+NT)/CT
 L122 16 S L118,L119 NOT L114

FILE 'EMBASE' ENTERED AT 09:19:18 ON 07 DEC 2004

L123 5049 S L88
 L124 5226 S L89
 L125 5226 S L123,L124
 E LEUKEMIA/CT
 L126 5 S L125 AND E3+NT
 L127 0 S L125 AND E7+NT
 L128 0 S L125 AND (E25+NT OR E31+NT)
 L129 0 S L125 AND E69+NT
 L130 0 S L125 AND E76+NT
 E MULTIPLE MYELOMA/CT
 L131 0 S L125 AND E3+NT
 E MYELOMA/CT
 L132 1 S L125 AND E3+NT
 E LYMPHOMA/CT
 L133 6 S L125 AND E3+NT
 E GRAFT-V/CT
 E GRAFT V/CT
 L134 11 S L125 AND E18+NT
 L135 0 S L125 AND E34+NT
 L136 0 S L125 AND E38,E42
 L137 19 S L126,L132-L134
 E TRANSPLANT/CT
 L138 0 S L125 AND E3
 L139 20 S L125 AND E74+NT
 L140 0 S L125 AND E98+NT

L141 17 S L125 AND TRANSPLANT?
L142 11 S L125 AND (GVH# OR GVL# OR GRAFT?(L) (HOST? OR LEUKEM? OR LEUCE
L143 32 S L137,L139,L141,L142
L144 18 S L143 AND PY<=2001
L145 6 S L144 NOT AB/FA
SEL DN AN 3 5 6
L146 3 S L145 AND E1-E5
L147 12 S L144 NOT L145
L148 15 S L146,L147

FILE 'MEDLINE' ENTERED AT 09:26:06 ON 07 DEC 2004

FILE 'EMBASE' ENTERED AT 09:26:45 ON 07 DEC 2004

FILE 'BIOSIS' ENTERED AT 09:26:55 ON 07 DEC 2004

L149 1788 S L88 OR L89
L150 6 S L149 AND (GVH# OR GVL# OR GRAFT?(L) (HOST? OR LEUKEM? OR LEUCE
L151 5 S L149 AND ?TRANSPLANT?
L152 7 S L150,L151

FILE 'BIOSIS' ENTERED AT 09:28:29 ON 07 DEC 2004

FILE 'WPIX' ENTERED AT 09:28:57 ON 07 DEC 2004

L153 272 S L14/BIX OR L15/BIX OR L16/BIX OR L17/BIX
E BECLOMETHASONE/DCN
E E5+ALL
L154 271 S E2
L155 357 S L153,L154
L156 7 S L155 AND A61P035/IPC
L157 1 S L1
L158 1 S L155 AND L157
E MCDONALD G/AU
L159 27 S E3,E5
E STERGIOPOULOS N/AU
L160 4 S E3
E ENTERON/PA
L161 6 S E3-E5
L162 6 S L155 AND L159-L161
L163 6 S L158,L162
L164 9 S L155 AND (B14-G02C OR C14-G02C OR B12-D02B OR C12-D02B)/MC
L165 4 S L155 AND (B14-H01A OR C14-H01A OR B12-G05 OR C12-G05)/MC
L166 4 S L155 AND P632/M0,M1,M2,M3,M4,M5,M6
L167 15 S L164-L166,L156
SEL DN AN 1 3-5 7-12 14
L168 4 S L167 NOT E1-E22
L169 7 S L163,L168
L170 6 S L169 NOT HEPATITIS/TI

FILE 'WPIX' ENTERED AT 09:38:36 ON 07 DEC 2004

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